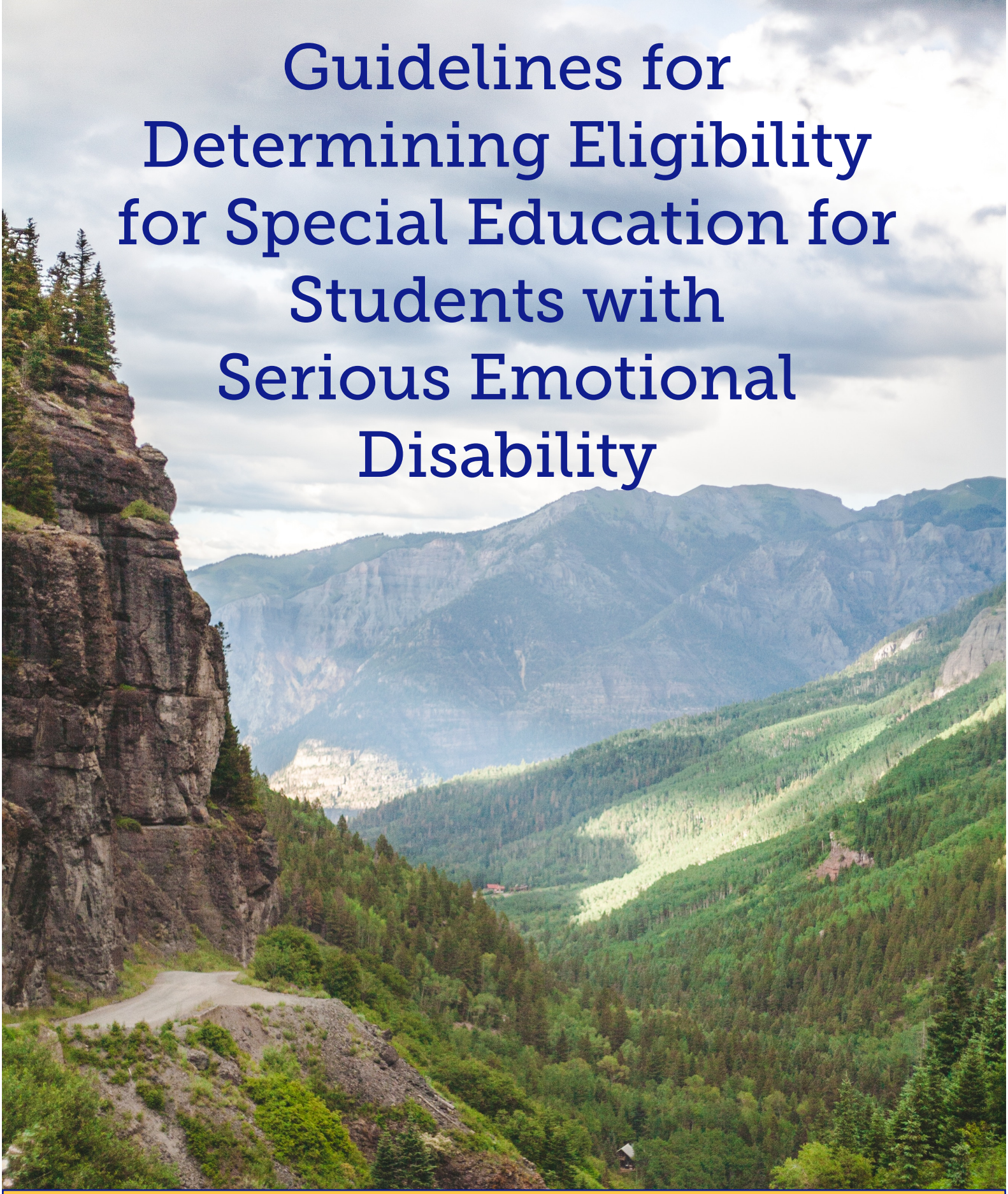
Guidelines for Determining Eligibility for Special Education for Students with Serious Emotional Disability



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Department of Education

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Section 1: Background, Introduction, and Guidelines Objectives

In Colorado Law, a student with a Serious Emotional Disability has "emotional or social functioning, which prevents the child from receiving reasonable educational benefit from regular education." [ECEA 2.08 (3); 34 C.F.R. § 300.8 (4)]

Background and Introduction

Guidelines Objectives

The purpose of these guidelines is to assist multi-disciplinary teams, including families, in the application of best practices while using the new disability criteria for identifying students with a Serious Emotional Disability (SED). The guidelines contain:

- A comprehensive overview of the procedures for identification
- Clarification of criteria, especially regarding the intensity, duration, and pervasiveness of behaviors
- Approaches for differentiating students with an SED from those solely with social maladjustment
- Identification of evidence- based assessment methods/tools
- Aligning with Federal Eligibility Criteria.

The passage of House Bill 11-1277 in 2011 allowed for the first modification of Colorado's disability criteria in 11 years, and created an opportunity for changes to the criteria themselves.

The passage of HB 11-1277 spurred the ability to respond to feedback from the special education field to modify Colorado's criteria for emotional disability to be more in line with those found in both IDEA 2004 and in the majority of other states. This change in actual criteria meant subsequent additions to the foundation of work laid by the originally convened task force. To ensure that these additions were still in line with the needs and perspectives of families, educators, special education personnel, and mental health providers, a new task force with similar representation was created to integrate the changes introduced by the new criteria into the evolving guidance documents. The result is the present document, which integrates the work of a multitude of professionals, family representatives, and community voices that will serve to support school-based providers in best meeting the needs of our students with emotional disabilities.

Of note, HB 11-1277 also statutorily renamed the title of the eligibility category to Serious Emotional Disability (SED), as it will be referred to throughout the rest of this document.

Please Note: A variety of screening/assessment tools and interventions are referenced throughout this document. These suggested resources do not represent an exhaustive list, nor are they required or endorsed by the CDE. The identification or description of any commercial product is for the purpose of providing an example and does not constitute the CDE's endorsement of such product.

The Colorado Department of Education would like to thank the following individuals for their dedication and work in revising the state's criteria for students with SED:

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Section 2 : An Overview of MTSS

Multi-Tiered System of Supports (MTSS) as a Framework for Supporting the Academic, Social, Emotional, and Behavioral Needs of All Students

Rationale

Schools face a growing challenge in meeting both the academic and behavior needs of every student. Educators implementing a continuum of both academic and behavior supports and interventions, and partnering with families and communities, increase effectiveness and positive educational outcomes for diverse student populations.

Success is related to students' active engagement in evidence-based practices across multiple settings. Responding to students' needs by providing them with coordinated support at home and school is imperative. Thus, this chapter incorporates academic and behavior supports within the context of an MTSS framework.

Section Objectives

- Define and provide a rationale for MTSS
- Provide a prevention emphasis for academic and behavior supports
- Identify the benefits of developing a problem- solving culture to respond to educational needs

Definition of MTSS

A Multi-Tiered System of Supports is a whole-school, prevention-based framework for improving learning outcomes for every student through a layered continuum of evidence-based practices and systems.

MTSS Essential Components

1. Team Driven Shared Leaderships
2. Data-Based Problem Solving
3. Layered Continuum of Supports
4. Evidence-Based Practices
5. Family, School, and Community Partnering

For more information on MTSS see the What is MTSS Factsheet or Special Education within a MTSS Framework.

An MTSS framework involves the interactive use of data, practices, and systems inherent in the framework of Positive Behavior Interventions and Supports (PBIS) as well as Response to Intervention (RtI). While these initiatives are referenced in key legislation and have been foundational in establishing processes to facilitate student success, it is imperative to now integrate these initiatives and develop an overarching system where the purpose is to frame and drive a school district/school's vision of ensuring that every student has the opportunity to experience success in the educational system. MTSS

is a system that structures the decision making process of selection, implementation, and evaluation of instructional practices or interventions to needs.

Data regarding student response to intervention(s) over time helps school teams determine appropriate instructional/behavioral next steps. The consistent use of this process is critical to ensuring that every student is successful. This is accomplished by providing him/her every available and appropriate opportunity for learning, both at home and school, catching and correcting learning errors at the earliest possible point, as well as mitigating barriers to learning.

Colorado MTSS Resources

More MTSS resources are available at: http://www.cde.state.co.us/mtss

Students come to school with unique cultural, behavioral, developmental, and familial learning experiences that affect their readiness to learn and succeed at school. Improved student outcomes are directly linked to understanding what students bring to school, their experience with school and classroom conditions, teacher practices, and the level of family and community support in continuing learning outside of school. School and District leadership teams promote and support the coordination of district and state policy, professional development, and other initiatives to enhance the effectiveness of school and classroom conditions, teacher practices, as well as family and community instruction. (TELL Survey, CDE, 2009, 2011).

Within an MTSS framework data, practices, and systems are used effectively to coordinate learning between home and school. Establishing maximum organizational efficiency and implementation fidelity requires consideration of how data, practices, and systems are related and interact with each other to improve student outcomes. This approach organizes evidence-based practices into a system that is proactive and responsive to the progress of every student and can be implemented with the greatest implementation fidelity. In Colorado, both PBIS and RtI have intentionally included family and community partnering, a critical component because of its strong evidence for improving student outcomes (CDE, 2008, 2011).

In summary, the MTSS framework:

- uses an efficient, streamlined approach
- establishes and maintains a common language & understanding
- generalizes staff skills
- coordinates learning across multiple settings
- is evidence-based (e.g., integration of behavior and reading within a three- tiered model produced larger gains in literacy skills than a reading-only model [Stewart, Benner, Martella, & Marchand-Martella,2007]).

Problem-Solving Process

The problem-solving process can be applied to every student in a system, to small groups of students, and to individual students. For students with intensive behavioral or social/emotional needs, ongoing group and individual progress monitoring and problem-solving may be appropriate whether or not they have been identified as students with a disability under IDEA. The process provides educators and families with a consistent, step-by-step process to identify problems and to evaluate the effectiveness of interventions. Research has supported the effectiveness of using a defined method to determine student need and to develop and evaluate interventions. At its core, the problem-solving method requires answering four questions:

1. What is the problem?
2. Why is it occurring?
3. What are we going to do about it?
4. Is the intervention working?

A full description of the Problem Solving Process may be found at: http://www.cde.state.co.us/mtss/problemsolvingprocesspages

For a more in-depth explanation of the Problem Solving/Consultation process, please see CDE training modules available at www.cde.state.co.us/RTI. Additional resources can be found from the OSEP National Technical Assistance Center on Positive Behavioral Interventions and Supports at www.pbis.org, as well the RtI Action Network at www.rtinetwork.org.

Screening

At the universal level, school teams establish a system to analyze the data and/or results of behavioral screening measures. Just as screening measures are used for academics within the MTSS framework, universal screening practices are established for social, emotional, and behavior concerns. Teams may be identified differently (e.g., grade level team or Problem Solving Team [PST]) but must have an efficient and effective process to collect, analyze, and review data on a regular basis. The collection and review of data should drive instructional decisions and interventions. When applied to social/emotional growth and behavior, screening measures should be quick, efficient, and applicable to all students. For example, students' school records are a rich source of screening information, such as attendance, tardy patterns, discipline referrals, health history, and/or suspension incidents. Attendance and tardy information can reveal students with a variety of social and behavioral challenges (e.g., poor health, lack of transportation, avoidance of academic failure, and/or need for support outside of school) (Chafouleas, Riley-Tillman, & Sugai, 2007). Utilizing universal screening may lead to early intervention, which may prevent mental health and behavioral disorders from developing. Universal screening for academics and behavior ensures students with disabilities are identified and receive the services they need, and is preferable to an individual referral system.

When MTSS is being implemented as a universal intervention and primary prevention strategy, the systematic analysis of office discipline referral data can be used to identify students needing targeted intervention(s). Using these specific data sources makes identification of students who might be at risk a more objective process. Colorado's Academic Standards for Comprehensive Health and Physical Education (December, 2011), which include grade level expectations and benchmarks for Emotional and Social Wellness and Prevention and Risk Management can also serve as guidelines for identifying students who need more support.

There is a clear link between academic difficulties and problem social behavior (Chafouleas et al., 2007). Therefore, a quarterly review of students who have experienced a significant decline in their academic grades can reveal an underlying change in a student's family or community situation, or that they are not benefiting from instruction. This type of screening is especially useful at the secondary level where there a larger numbers of students and the behaviors may not be as overt. Screening to determine appropriate instruction/intervention, essential to an effective MTSS process, may be conducted for any child prior to a referral for special education without informed parental consent (IDEA, 2004).

"Screening for instructional purposes is not evaluation. The screening of a student by a teacher or specialist to determine appropriate instructional strategies for curriculum implementation shall not be considered to be an evaluation for eligibility for special education and related services."
- §300.302, Federal Regulations; 402 (4)(b), ECEA

Formal Universal Screening*

Recent advances in systematic screening techniques should be considered as additional tools by schools/districts. Three examples are described below. They are provided for information purposes only, and do not constitute an endorsement by the CDE.

1. The Behavioral and Emotional Screening System; BESS (Kamphaus & Reynolds, 2007) A screening tool that measures behavioral and emotional strengths and weaknesses in children and adolescents, preschool through high school. This standardized screening system consists of short forms that can be completed by teachers, parents, and/or the student.

2. Systematic Screening for Behavior Disorders; SSBD (Walker & Severson, 1992) A school wide standardized screening and identification procedure that reduces bias in teacher referral-driven screening procedures by using a series of "gates" or stages. At the first gate, teachers who have received a brief training evaluate all their students according to whether they are at risk for either externalizing or internalizing behavior disorders and develop a list for each group. At the second gate, the teacher rates the top three students in each list on two short scales. Those students whose ratings exceed local norms advance to the third gate which consists of two sets of observations by a trained observer. This measure is moderately successful in identifying students who have behavioral disorders (Doll & Haack, 2005).

3. Social Skills Improvement System; SSIS (Gresham & Elliot, 2008) A screening tool that can be used with students in preschool through high school and focuses on observable behaviors in four skill areas: Pro- social Behaviors, Motivation to Learn, Reading Skills, and Math Skills. Teacher, parent, and student forms help provide a comprehensive picture of student functioning.

* A list of Universal Screening Tools can be found in Appendix A

Targeted Assessment

Assessment at the targeted level is often more intense and focused, with the results of the assessment guiding the intervention. Once behavioral and academic interventions are in place, the response to the intervention will need to be accurately monitored. When there are not specific measurement guidelines, intervention should be monitored at least every other week, using relevant progress monitoring tools.

Quantifiable behavioral data, in additional to academic progress monitoring include:

- direct observation of behavior using time sampling tools,
- office referral patterns,
- teacher and family ratings,
- points earned toward daily goals, and
- student self-monitoring data.

If the academic and/or behavioral need(s) is difficult to identify, a diagnostic/prescriptive or functional behavioral assessment (FBA) may be necessary to determine the focus of the intervention. In order to meet a student's academic and/or behavioral need(s) when selecting assessments at the targeted tier, the focus must be on identifying the specific skills that need additional work or determining the functions that a particular behavior serves.

Progress monitoring

Data are collected, evaluated, and used on an ongoing basis to determine the student's rate of progress and the effectiveness of intervention. Progress monitoring should occur with appropriate frequency, be sensitive to the behavior that the team is attempting to change, and be efficient to administer and score.

The evidence collected may track progress related to:

Frequency – the number of events in a period of time (e.g., hitting six times during a school day). This data collection approach is best for high frequency, observable behaviors that have a discrete beginning and end.

Rate – the number of events within a unit of time (e.g., yelling three times per hour). This approach is also appropriate for discrete, high frequency behaviors. If rate data are collected, comparisons can be made across days and weeks which is helpful, given the variability in school calendars.

Duration - total time (e.g., out of seat for eight minutes); percent of time (e.g., looking out the window 40% of the time); or average time per event (e.g., each temper tantrum lasted six minutes). This data collection approach is best for behaviors that tend to have a longer duration, or may occur less frequently.

Latency – time elapsed before a behavior begins after a request or prompt (e.g., an average of a two-minute delay to return to seat following teacher instructions). This approach is useful when one is measuring task avoidance.

If the data collection process is too cumbersome, it is unlikely that data will be collected consistently. The responsibility may be designated to one or more members of the team. Teams also need to identify the baseline of functioning, target specific behavioral goals, and determine the amount of time and/or number of data points that are necessary to make subsequent decisions regarding the effectiveness of the intervention. Collaboration with the student's family can provide further information to determine if interventions are effective in multiple settings. Progress monitoring of academics may also be informative to determine if planned behavioral interventions are having the desired impact on academic performance.

Duration of Targeted Interventions

In summary, targeted interventions must be evidence-based, delivered with fidelity, and monitored on a regular basis. Often, students will respond differently to interventions, making it difficult to determine in advance the appropriate duration of a specific intervention (Sprague, Cook, Wright, & Saddler, 2008). Typically, 20 to 40 school days (four to eight weeks) is considered an adequate period for determining whether interventions are having an impact (Sprague et al., 2008). The student's response to the interventions, as measured by progress monitoring data and other outcome measures, must be utilized in a special education evaluation if the team or a team member suspects the student has a disability. For students already identified with a disability, progress monitoring data of evidence-based intervention informs special education and related services, behavior intervention planning, and can be used for progress reporting.

Intensive Individual Interventions

Intensive individual behavior supports are used with students who have not responded sufficiently to universal and targeted instruction and intervention. This level of behavior support may include wrap-around services.

Often this may require intensive collaboration with community agencies, medical professionals, and/or juvenile justice officials. In an MTSS framework, families will have been partnering with the school across the tiers, but their role may become more explicitly defined as additional community supports are involved.

Academic components include intervention(s) designed to provide intensive, focused support to the most at-risk students. This level of instruction is more explicit, more intensive, and specifically designed to meet individual needs. The duration and intensity of this intervention is variable based upon student assessment and progress monitoring data.

If evidence suggests that targeted levels of intervention are not sufficient to meet the social, emotional, or behavioral needs of an individual, the PST convenes to address continuing concerns and possible next steps. The team may determine that it is necessary to collect more information through individual diagnostic/prescriptive assessments for the purpose of better informing instruction/intervention. An FBA, which may occur at either the targeted or intensive level, should be performed if it has not already been completed.

Supports and interventions at the Intensive Tier are intended for individual students with significant and/or chronic skill deficits, approximately 1% to 5% of the student population. Typically, the decision to move to the intensive tier of intervention is made by the PST when a student has not responded adequately to one or more attempts of supplemental and/or targeted supports/interventions. The interventions in the intensive tier are also evidence–based, but are designed to be more intense and specifically designed to meet individual needs.

The PST establishes specific goals for the student, determines and implements interventions and supports specific to the individual student's needs, and identifies and collects the evidence to monitor the student's progress. Furthermore, the team agrees upon a reasonable timeframe in which to review the evidence of the student's response to the plan.

Questions to Consider:

- What Universal, Targeted, and Intensive programming has been provided to teach and reinforce behavioral expectations?

- How effective are the Universal, Targeted, and Intensive interventions in supporting the needs of the identified student?
- Has the culture of the student been considered in planning interventions?
- Have the interventions been implemented in the manner prescribed?
- Have the interventions been delivered long enough and with the appropriate intensity?
- Has the family partnered in the planning, implementation and monitoring of the intervention?

Assessment

The frequency and specificity of progress monitoring is likely to increase at Tier III. Based on the needs of the individual, and the frequency of occurrences of the targeted behavior, the team should set realistic timelines for progress monitoring. Because of the resources provided at this level, the response to Tier III intervention needs to be monitored at least once a week, with more severe behavior problems monitored daily. There are no specific guidelines to determine a reasonable timeframe for behavioral interventions prior to considering the presence of an educational disability. In the past it was recommended that a period of three to six months may be sufficient for most students. However, in some cases that may be too long a period of time.

In determining a reasonable timeframe for a specific student, it is helpful to consider:

- the intensity and frequency of behaviors,
- the number of data points collected to measure the response to the intervention,
- the guidelines prescribed by the chosen intervention,
- the fidelity with which the intervention has been delivered,
- the developmental age of the child,
- the influence of external/environmental factors,
- the partnering between school, home, and community
- the possibility of behaviors becoming worse at the beginning of an intervention, and
- the apparent need for ongoing and specialized supports and services in order for the student to benefit from the general education curriculum.

An example of Intensive Positive Behavior Supports Tier 3 Intervention Guidelines may be found in Appendix B.

The collected evidence may indicate that interventions have been effective for the student to meet his or her goals, resulting in a plan to gradually reduce support to increase the student's independence. Conversely, the data may indicate that the interventions were not successful in changing behaviors, and that the plan will need to be continued or adapted to meet the needs of the student.

When interventions do not appear to be effective, it is always important to evaluate whether the interventions were delivered with fidelity before modifying the intervention.

Summary

For students with social, emotional or behavioral skill deficits, evidence-based interventions should be implemented within an MTSS framework prior to consideration of special education eligibility. The Individuals with Disabilities Education Act (IDEA 2004), supports implementation of MTSS because it has proven to be effective in accelerating learning for all students, including students with disabilities. When the MTSS framework is implemented with fidelity, students' educational needs are more intentionally addressed by designing, developing, and delivering needed, appropriate supports. However, it is important to note response to interverntion (RtI) or other specific interventions cannot be used to delay special education evaluation or an eligibility determination when there is reason to suspect the presence of a disability.

*To see an example of the Process/Flowchart for Intensive Behavior Support, please refer to the Appendix C. Additionally, to see a warehouse of tools for collecting behavior data and implementing behavior interventions at the the CDE Behavior Tools wiki, please refer to http://cdebehaviortools.pbworks.com.

Section 3: State and Federal Laws Related to SED

Federal Regulations

There are a number of federal statutes that apply to the education of students with disabilities, including the Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act of 1973 (504), and the Americans with Disabilities Act (ADA).

Individuals with Disabilities Education Act of 2004 (IDEA 2004)

When IDEA was reauthorized in 2004, no changes were made to the criteria for the identification of Emotional Disturbance. However, several changes were made that are relevant to the SED guidelines. The following new elements that were emphasized in IDEA 2004 are integrated into the present SED guidelines:

- early recognition of learning difficulties through screening;
- a focus on formative assessment that drives instruction;
- attention to outcome data;
- the implementation of scientific, researched-based instruction;
- the requirement of implementing positive behavioral interventions and supports;
- the provision of supplementary instruction or intervention;
- the possibility of including parent counseling and training as a related service; and
- increased parental involvement in a child's learning and in educational decision-making processes.

Section Objective

- Provide an overview of the federal and Colorado state laws relevant to students with an SED

IDEA 2004 defines emotional disturbance and lists the criteria for emotional disturbance as:

300.8(c)(4)(i) Emotional disturbance 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:

300.8(c)(4)(i)(A)	An inability to learn that cannot be explained by intellectual, sensory, or health factors.
300.8(c)(4)(i)(B)	An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
300.8(c)(4)(i)(C)	Inappropriate types of behavior or feelings under normal circumstances.
300.8(c)(4)(i)(D)	A general pervasive mood of unhappiness or depression.

300.8(c)(4)(i)(E) A tendency to develop physical symptoms or fears associated with personal or school problems.

300.8(c)(4)(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 paragraph (c)(4)(i) of this section. (Federal Register, August 14, 2006).

- 1973 Section 504 of the Rehabilitation Act of 1973
- 1990 Americans with Disabilities Act
- 1997 Individuals with Disabilities Education Act (IDEA) Reauthorized & amended
- 2004 Individuals with Disabilities Education Act (IDEA 2004) Reauthorized
- 2011 Colorado House Bill 11-1254: Measures to Reduce the Frequency of Bullying in Schools
- 2012 HB 11-1277, criteria for Serious Emotional Disability within Colorado's Exceptional Children's Education Act (ECEA)
- 2012 Colorado House Bill12-1345: Section 21: Disciplinary Measures in Public

Positive Behavioral Interventions and Supports, and IDEA

Since Congress amended the Individuals with Disabilities Education Act (IDEA) in 1997, Positive Behavioral Interventions and Supports has held a unique position because it is the only approach to addressing behavior that is specifically mentioned in special education law. This emphasis on using functional assessment and positive approaches to encourage prosocial behavior remains in the current version of the law as amended in 2004. For more information, refer to http://www.pbis.org/.

Congress' reasons for encouraging the use of PBIS stem from (a) the historic exclusion of individuals withdisabilities based on unaddressed behavior and (b) the strong evidence base supporting the use of PBIS. TheSupreme Court in Honig v. Doe (484 U.S. 305 [1988]) clarified this intent, saying:

> "Congress very much meant to strip schools of the unilateral authority they had traditionally employed to exclude disabled students, particularly emotionally disturbed students, from school (p. 323)."
>
> Congress also recognized the need for schools to use evidence-based approaches to proactively address the behavioral needs of students with disabilities. Thus, in amending the IDEA both in 1997 and in 2004, Congress explicitly recognized the potential of PBIS to prevent exclusion and improve educational results in 20 U.S.C. § 1401(c)(5)(F):
>
> "(5) Almost 30 years of research and experience has demonstrated that the education of children with disabilities can be made more effective by—
>
> (F) providing incentives for whole-school approaches, scientifically based early reading programs, positive behavioral interventions and supports, and early intervening services to reduce the need to label children as disabled in order to address the learning and behavioral needs of such children."

IDEA's Requirements to Use Functional Assessments and Consider PBIS

Congress was careful to balance the need to promote the education of children with disabilities and the right of states to govern their own educational systems. IDEA's requirements regarding the use of functional assessments and PBIS reflect this balance. IDEA requires:

- The IEP team to consider the use of Positive Behavioral Interventions and Supports for any student whose behavior impedes his or her learning or the learning of others [20 U.S.C. §1414(d)(3)(B)(i)].
- A functional behavioral assessment when a child who does not have a behavior intervention plan is removed from their current placement for more than 10 school days (e.g. suspension) for behavior that turns out to be a manifestation of the child's disability [20 U.S.C. §1415(k)(1)(F)(i)].
- A functional behavioral assessment, when appropriate, to address any behavior that results in a long-term removal [20 U.S.C. §1415(k)(1)(D)].

Congress further encouraged the implementation of PBIS by allocating funds to "provide training in methods of... positive behavioral interventions and supports to improve student behavior in the classroom" [20 U.S.C.§1454(a)(3)(B)(iii)(I)].

In acknowledgement of the emphasis on PBIS within IDEA, the implementation of SED identification as described in these guidelines will be based on an integration of an MTSS framework which includes both PBIS and RtI.

Other Federal Laws Related to Students with SED

American's with Disabilities Act (ADA)

The American's with Disabilities Act (ADA) is an antidiscrimination statute protecting the rights of people with disabilities in specific areas including employment, telecommunications, transit, and public accommodation. The concept of "reasonable accommodation" is the primary ADA issue impacting schools. This concept suggests that schools must make "reasonable accommodations" to ensure the access of people with disabilities to programs, activities, employment practices, services, or buildings. For students with emotional or mental health disabilities, teachers must consider how to make reasonable accommodations within the classroom setting.

Section 504 of the Rehabilitation Act of 1973 prohibits discrimination against an otherwise qualified individual with a disability solely on the basis of the disability. For more information on Section 504 and the education of Children with Disabilities: https://www2.ed.gov/about/offices/list/ocr/504faq.html

Colorado Laws Related to Students with SED

As a result of HB 11-1277, the criteria for Serious Emotional Disability within Colorado's Exceptional Children's Education Act (ECEA) were changed to more directly align with the federal criteria. However, the Federal title, "Emotional Disturbance" was changed in ECEA to "Serious Emotional Disability" in order to be consistent with the titles of other eligibility categories, e.g., Intellectual Disability. In addition to the five primary criteria for SED that were taken directly from the federal definition, the ECEA criteria continue to emphasize that there be an impairment in either academic or social/emotional functioning [2.08(3)(b)(i) and 2.08(3)(b)(ii)]. Furthermore, four qualifiers from the previous definition of Significantly Identifiable Emotional Disability (SIED) (ECEA, July, 2012) were retained to further emphasize the need for prior interventions, the consideration of cultural factors, and that a condition must be considered pervasive across settings and not transient responses or isolated incidents for a student to be eligible [2.08 (3) (c) (i-iv)].

The ECEA criteria (December, 2012) are as follows:

2.08 (3) A child with a serious emotional disability shall have emotional or social functioning which prevents the child from receiving reasonable educational benefit from general education.

2.08 (3) (a) Serious emotional disability means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree:

2.08 (3) (a) (i) An inability to learn which is not primarily the result of intellectual, sensory or other health factors;

2.08 (3) (a) (ii) An inability to build or maintain interpersonal relationships which significantly interferes with the child's social development;

2.08 (3) (a) (iii) Inappropriate types of behavior or feelings under normal circumstances;

2.08 (3) (a) (iv) A general pervasive mood of unhappiness or depression;

2.08 (3) (a) (v) A tendency to develop physical symptoms or fears associated with personal or school problems.

2.08 (3) (b) As a result of the child's serious emotional disability, as set out above, the child exhibits one of the following characteristics:

2.08 (3) (b) (i) Impairment in academic functioning as demonstrated by an inability to receive reasonable educational benefit from general education which is not primarily the result of intellectual, sensory, or other health factors, but due to the identified serious emotional disability

2.08 (3) (b) (ii) Impairment in social/emotional functioning as demonstrated by an inability to build or maintain interpersonal relationships which significantly interferes with the child's social development. Social development involves those adaptive behaviors and social skills which enable a child to meet environmental demands and assume responsibility for his or her welfare.

2.08 (3) (c) In order to qualify as a child with a serious emotional disability, all four of the following qualifiers shall be documented:

2.08 (3) (c) (i) A variety of instructional and/or behavioral interventions were implemented within general education and the child remains unable to receive reasonable educational benefit from general education.

2.08 (3) (c) (ii) Indicators of social/emotional dysfunction exist to a marked degree; that is, at a rate and intensity above the child's peers and outside of his or her cultural norms and the range of normal development expectations.

2.08	(3)	(c)	(iii)	Indicators of social/emotional dysfunction are pervasive, and are observable in at least two different settings within the child's environment. For children who are attending school, one of the environments shall be school.
2.08	(3)	(c)	(iv)	Indicators of social/emotional dysfunction have existed over a period of time and are not isolated incidents or transient, situational responses to stressors in the child's environment.
2.08	(3)	(d)		The term "serious emotional disability" does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disability under paragraph 5 (a) of this section.

Section 4: Referral Process for Determining Eligibility for Special Education Services

If evidence-based interventions are provided at the Universal, Targeted, and Intensive levels of support, inappropriate referrals to special education can be avoided. By requiring that referrals to both the Problem Solving Team and special education be based on data, and by having a required period of interventions with consistent progress monitoring and family partnering, significant sources of bias are eliminated. It is anticipated that this process will also help reduce the disproportionate representation of specific demographic groups in SED programs. At the same time, the MTSS process is not intended to delay SED eligibility if a disability is suspected. A referral to determine special education eligibility for a SED is appropriate if social, emotional, or behavioral difficulties continue, even when research-based interventions have been provided.

Initiating the Referral

A student demonstrating significant social, emotional, or behavioral concerns at school may be referred for an evaluation to determine eligibility to receive Special Education services for a Serious Emotional Disability (SED). The process for determining eligibility for Special Education services can be initiated at any time by the school and/or the parent/guardian.

Referral from the Problem Solving Team (PST) or Student Assistance Team

Consideration of a possible SED is most likely to arise from the Problem Solving Team (PST), which includes the family, as it addresses concerns for an individual student. A referral may arise when the progress monitoring data indicates an insufficient response to interventions when compared to peers following two or more trials of interventions or when diagnostic data raises suspicions. It should be noted that one of the eligibility criteria for SED requires: "A variety of instructional and/or behavioral interventions were implemented within general education and the child remains unable to receive reasonable educational benefit from general education (ECEA 2.08[3][c])." To meet this requirement, it is reasonable that several interventions of varied intensities are tried prior to a referral. A referral may also be initiated when the intensity of the interventions/supports provided cannot be maintained within general education.

Section Objectives

This process represents a significant change in how an initial referral is made due to the increased emphasis on the collection of data to support whether or not a student is responding to researched-based interventions that:

- Provide an understanding of the referral process for an evaluation for Special Education services
- Provide an overview of evaluation planning
- Provide research- based, standardized tools used to assess social/emotional behavior implemented with fidelity.

Even when an MTSS is being implemented, it is important not to delay a referral for special education evaluation beyond the point when the PST begins to suspect an educational disability. Implementing Response to Intervention (RtI) within MTSS does not replace the right of a child with a disability to be identified as such and to receive special education services. Once a referral is made, and the parent

has provided written consent to conduct the evaluation, the evaluation must be completed within 60 calendar days.

Referral by Parent or Guardian

Parents have the right to request a special education evaluation at any time. For students with emotional disabilities, parental concerns may arise when their child receives a mental health diagnosis from a private or community provider. The family may believe that the student will need additional supports in order to perform adequately in school. However it is important note that a mental health diagnosis from the DSM-V (American Psychiatric Association, 2013), and/or medical diagnosis do not guarantee that the student will be eligible for SED identification. The criterion of an "inability to receive reasonable educational benefit from general education" (ECEA 2.08[3]) must also be met. Furthermore, it is not required that a student have a medical diagnosis to be eligible for services.

Administrative Unit (AU) Options When a Parent Makes a Referral

When the AU/District agrees with the parent that the child may be a child with a disability, then the AU/District must evaluate the child. The first step is for the Prior Written Notice and Consent for Evaluation form to be signed by the parent. Next, the team should proceed with the steps described in the section on Evaluation Planning.

If the AU/District does not believe an evaluation is warranted, and does not plan to conduct such an evaluation, a Prior Notice of Special Education Action form must be issued to the parents. The Notice of Special Education Action must address:

- the action that the administrative unit refuses to take,
- why the administrative unit is refusing to take the action,
- the information used in making the decision, (e.g., evaluation procedures, tests, records, etc.)
- any other options and factors considered by the team,
- the procedural safeguards available to the parent.

The parent can challenge this position by requesting a due process hearing to resolve the dispute regarding the child's need for an evaluation. * However, it is important to note that when families have been consistently involved in the problem solving process and in educational decision making regarding their child, such disputes occur infrequently.

*Adapted from Questions and Answers on Response to Intervention (RtI) and Early Intervening Services, U.S. Department of Education.

Factors to Consider When Making a Referral

Effectiveness of Interventions:

- Evidence that interventions implemented are evidence-based and are culturally responsive
- Documentation that interventions were carried out with fidelity, which includes sufficiency (i.e., as prescribed and for an adequate length of time, typically at least four to eight weeks) and integrity, (i.e., carrying out the program as designed)
- Documentation that adjustments were made to the interventions as a result of ongoing

progress monitoring (e.g., changes were made to the intensity, duration, or frequency of interventions based on data)

- Documentation that families have been participating as partners in intervention development, implementation, and monitoring

Diagnostic Information:

- Results of any diagnostic/prescriptive assessment administered for the purpose of informing appropriate instruction/intervention, particularly if the student was not responding adequately to early intervention attempts or lack of appropriate instruction
- Evidence suggesting that the student's behavior is not the result of environmental, cultural or economic factors, academic disadvantage, social maladjustment, low cognitive functioning, or other exclusionary factors
- Family and community data

Continued Need as Demonstrated by Progress Monitoring Data:

- Evidence that achievement and/or behavior differ significantly from students with similar sociocultural characteristics
- Evidence of a gap between a student's behavior and compliance at least 75% of the time with a desired behavior
- Evidence that the gap with peers in regard to the behavioral expectation is not closing
- Evidence that the student needs ongoing supports/services that cannot be maintained through general education alone in order to benefit from general education

Multidisciplinary Team

The Multidisciplinary Team that ultimately makes eligibility decisions must be comprised of parents and should include other individuals who are knowledgeable about the evaluation findings and can interpret their instructional implications. When the referral relates to social, emotional, and/or behavioral problems, at least one team member who is knowledgeable about mental health and behavioral concerns (e.g., school psychologist, social worker, or counselor) is needed. When the Multidisciplinary Team members are selected from those on the PST, they are already familiar with the child's history and data. The family, as a member of the PST, will have already been participating in the intervention and data collecting process. If necessary to provide specific expertise or to fulfill particular roles, additional team members can be identified. The Multidisciplinary Team, which includes the family, will create an evaluation plan and carry out the necessary evaluation, the results of which are then used by the group to determine whether the child has a Serious Emotional Disability.

Essential members of the Multidisciplinary team include:

- the parent(s)
- the student (age 15 or older)

Required members of the Multidisciplinary team include:

- a general education teacher (if student is or may be receiving services in the general education classroom)

- a special education teacher (or Speech Pathologist if child is receiving only speech and language)
- an individual who can interpret the results of evaluation(s)
- the special education director or his/her designee
- related services providers, when their services are being considered for initiation, continuation or discontinuation
- community or external professionals, as relevant

Data Review

Once a decision has been made to refer a student for special education evaluation, the Multidisciplinary Team, including the parents, should review existing evaluation data on the child. The team must review evaluations and other information provided by the parents of the child (e.g., parent interview; medical/psychiatric evaluations; private clinical evaluations; and the health or developmental history.)

Additional data may include any of the following:

- current classroom-based, local, or state assessments
- classroom observations
- other information from teachers (e.g., developmental, academic, communicative, behavioral and functional life skills checklists)
- classroom products
- record review(s) (e.g., attendance, discipline, and offense reports)

If interventions have been occurring for a period of time, the resulting progress monitoring data will become part of the body of evidence to be used in determining a disability. Similarly, other data already gathered as part of the intervention process, including structured observations, interviews, or a Functional Behavior Assessment (FBA), can be used for purposes of determining eligibility. In many cases, there may be only a few remaining questions regarding whether a student is eligible for SED.

The team needs to decide whether the information that already exists is sufficient for special education eligibility consideration and to meet legal documentation requirements. If it is not, the team must determine what further assessment/information is needed for a "full and individual initial evaluation" (34CFR §§300.304 through 300.306.) All of the relevant information referred to above becomes part of the body of evidence for determination of a disability. When suspecting an emotional disability, it is advisable for the team to review the Determination of Disability: Serious Emotional Disability form (See State model form at the end of section 5 of these guidelines). The criteria for the identification of SED are specified in the document.

As for any disability, personnel conducting individual assessments need to be qualified to administer the particular instruments. Any certification or licensure requirements linked to the administration of particular assessments need to be taken into account.

Prior Written Notice and Consent to Evaluate*

Once the decision to make a special education referral has been made, the school district must provide notice of the intent to conduct an evaluation for special education eligibility consideration and must

obtain informed consent from the parent, using the Prior Written Notice and Consent for Evaluation form. Information regarding the Parent and Child Rights in Special Education: Procedural Safeguards Notice must be provided to the parents at this time. It is especially important that the school district ensures parental understanding of their rights and those of the child. If the family has been participating in the individual PST process, this understanding will be facilitated, as they will have been learning throughout.

For some students, the team may determine that no additional assessment is needed. This decision is noted on both Prior Written Notice and Consent for Evaluation form, as well as the justification for the decision. The evaluation procedures, tests, records or reports that support this decision need to be referenced. Alternatively, if the team decides that more information is needed and/or there are questions that still need to be answered, the areas to be evaluated are to be documented on the form.

The full and individual evaluation must be completed within 60 calendar days of receiving parental consent for the evaluation (Federal Register, §300.301 [c]).

* A copy of the Prior Written Notice and Consent to Evaluate form can be found on the CDE wepage for IEP Forms: http://www.cde.state.co.us/cdesped/iep_forms

Evaluation for an SED

Within the MTSS framework, assessment for SED is an ongoing, multifaceted, data collection process. The process begins by systematically applying evidence-based interventions with students who fail to respond to universal, positive behavioral support strategies and then evaluating their responses. This process takes place within general education and should not be regarded as steps leading to special education. For students with social, emotional, and/or behavioral concerns, interventions for both academics and behavior may be needed. It is anticipated that at least two planned, function-based interventions that last for 4 to 8 weeks each will be implemented with progress monitoring of their results. If a student's behavior is too severe or intense, an exception should be made to the length of this process. Documentation of the interventions and the progress monitoring results should be included in the Evaluation Summary report.

When the MTSS process involves implementing screening, evidence based interventions and progress monitoring in a reliable and valid way, the need for additional testing, using formal diagnostic instruments, should be reduced. A comprehensive battery of assessments in which every student receives the same formal assessments should rarely be needed.

An evaluation for SED eligibility should describe distinctive patterns of behavior that are related to the five ECEA criteria along with information regarding the frequency, intensity and duration of maladaptive behaviors, or deficits in coping skills. Behavior should be assessed across a range of settings and contexts by a variety of persons in order to collect a comprehensive view of the student's behavior. Partnering with the family and possibly communicating with community agencies can provide information on the child's functioning outside of school.

Full and Individual Evaluation

The Federal Regulations and Colorado Rules require that a "full and individual evaluation" (34CFR §§300.304 through 300.306) must be conducted before the initial provision of special education and related services. It must consist of procedures to determine if the child is a child with a disability and to determine the educational needs of the child.

As indicated by the phrase "if appropriate" in the following statement from the Regulations for IDEA 2004[(§300.304)(c)(4)], evaluation is now more targeted than in the past. "The child is 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."

Even though the evaluation is more targeted, the law also states that it must be sufficiently comprehensive to identify all of the child's needs for special education and related services, whether or not commonly linked to SED. It is not uncommon for a child to exhibit co-occurring disorders or disabilities, (e.g., Attention Deficit Hyperactivity Disorder or Specific Learning Disabilities) for which all needs must be identified and addressed.

It is anticipated that the data gathered during the problem-solving process, related directly to the student's performance in the learning context, should be more focused on the identified social, emotional, or behavior problems and thereby reduce the need for formal assessments outside the area of specific concern. However, the Federal Regulations make it clear that, in conducting the evaluation, school personnel must use a variety of assessment tools and strategies to gather relevant information about the child, including information provided by the parents. A test of cognitive ability is not required for SED identification, unless needed to rule out a cognitive impairment.

Following is a list of some of the evaluation tools that might be included in a full and individual evaluation:

- semi-structured interviews (with student, teachers, and family members)
- observation of the child across at least two specific, relevant settings, at least one of which is in school if the child is attending school
- curriculum-based assessments & other progress monitoring tools
- results from state & local assessments
- functional behavioral assessments
- behavior rating scales
- vocational assessments
- developmental, academic, behavioral and functional life skills checklists
- standardized assessments

The team may not use any single measure or assessment as the sole criterion for making a disability determination and for determining an appropriate educational program. Even though a child's response to scientific, research-based interventions is proposed as an important part of the SED determination and the educational planning process, other types of information/assessment data should be collected throughout the MTSS Problem-Solving process that can become part of a body of evidence. For determination of SED, progress monitoring data alone is not sufficient.

Colorado, along with other states, recognizes that SED can affect academics or social/emotional functioning or both. Therefore, academics and social/emotional functioning are equally weighted in making a determination of emotional disability. An impairment in social/emotional functioning typically means that a student cannot build or maintain relationships with peers and teachers and the result impacts their social development, defined as "those adaptive behaviors and social skills which enable a child to meet environmental demands and assume responsibility for his or her welfare (ECEA §2.08 [5] [b])". Evaluation of educational performance from a broader perspective can focus on school adaptive

functioning and behaviors such as motivation, time on task, study skills, productivity, problem solving and coping skills, and school engagement.

As with all disabilities, evaluation procedures (including assessments) must be valid, reliable and sensitive to cultural and linguistic differences between students. Assessments are to be administered in accordance to prescribed instructions by trained and knowledgeable personnel. Evaluation of culturally and linguistically diverse students should be conducted in the student's dominant spoken language or other mode of communication, whenever possible.

In summary, assessments should be:

- focused and ongoing,
- empirically based,
- culturally and linguistically responsive,
- designed to answer specific questions,
- designed to address academic, social functioning, and exclusionary criteria, and
- inclusive of information from a variety of sources (e.g., families, student, general and special education teachers, related service providers, and community agencies, if applicable.)

With the implementation of MTSS, reduced reliance on formal, standardized assessments is presumed.

Components of a Body of Evidence

A body of evidence is a collection of information about student progress that reflects the student's social, linguistic, and cultural background. Gathering a body of evidence at the universal level includes a review of records and documents offering a broad view of students' academic, behavior, health, and discipline data and teacher-family communication. At the targeted level, student, family, and teacher/school personnel interviews in addition to observations by more than one person across different settings offer more in-depth information regarding student strengths, needs, behavior, and performance. A functional analysis of behavior is useful to guide intervention planning. Finally, standardized classroom, district, and state assessments can provide reliable, comprehensive examination of targeted skills.

Review of Records

Student records contain extensive information pertaining to the history of an emotional or behavioral problem. Universal screening measures, described in Section 2, may involve record reviews. If this has not already occurred, the following records may be helpful in understanding the history and nature of a student's behavior and emotional concerns and should be reviewed when determining eligibility for special education services:

- Cumulative Records
- Academic Records: (Curriculum based assessments, state or district level assessments, grade reports, classroom work samples)
- Attendance Records
- Discipline Records

- Transportation Records
- Teacher Logs and Records of Academic Progress
- Health Records
- Past or Present Special Education Records
- Family or Community-shared Records/reports as available to assess out-of-school information

These records should be reviewed in order to identify patterns of student performance. Students with emotional disabilities often have problems with academics, social relationships, attendance, and/or behavior. By examining these records, practitioners can begin to identify problems that appear to have been triggered by specific events or culminating events; the settings in which students have the most difficulty and the most success; and the pervasiveness of problems the student is experiencing. These records also help inform effective intervention planning for home and school.

Social History:

Problem-solving interviews with teachers and semi-structured interviews with family members and the student can help to identify specific issues that can be targeted with Tier 2 or 3 interventions. When a full and individual assessment is conducted for SED eligibility, interviews should be conducted with parents, teachers and the student whenever possible to develop a comprehensive social history.

Family Interviews:

As described earlier, partnering with families in the problem solving process is a key feature of MTSS. Because families have unique knowledge of their child, two-way communication is an essential component of intervention planning. Team members need to be sensitive to and respectful of the emotional impact that having their child considered for an emotional disability has on families.

For school-based assessment, semi-structured interviews are especially appropriate for families. (Busse & Beaver, 2000) Families can provide information about the student's strengths and medical and developmental history. When specific problems are identified, parents can provide information on their duration and frequency as well as antecedent and consequent conditions that precipitate and sustain the problems. Information can also be gained about the families' usual responses to problem behaviors and their expectations and preferences regarding their student's behaviors. It may also be important to learn what supports are available in the home to support the student's academic performance. Several semi-structured diagnostic interviews have been developed for interviewing family members. Examples of semi- structured interview questions for family members are available in Assessment of Children, Behavioral, Social and Clinical Foundati ons (Sattler, and Hoge, 2006). In addition, many behavior rating scales include forms for family members. Family participation in providing information during an FBA adds to its validity and value in determining functions of behaviors and relevant interventions.

Teacher Interviews:

Teacher interviews are another key feature of school-based problem solving consultation. As a general rule, interviews should be conducted with teachers who spend the greatest time with the student. Following the problem-solving model, interviewers should ask about the frequency, intensity, and duration of key problems and antecedent, sequential, and consequent conditions. Answers to these questions can lead to hypotheses for an FBA. Teachers can also provide information related to academic performance that is essential to determining whether emotional and behavior problems have an

adverse effect on the student's educational performance.

Child/Adolescent Interviews:

Semi-structured formats are usually most appropriate for interviewing children and adolescents because they offer opportunities for evaluating children's coping strategies and their perception of precipitating events or persons related to their problems. Questions pertaining to subjective experience are especially important with adolescents, who are developmentally more able to constrain observable behavior while still experiencing emotional distress (McConaughy, 2006). Direct interviews also offer opportunities to observe behaviors, such as response to limit setting, distractibility, language skills, and interaction style. A well conducted interview can help establish rapport and build a bridge from assessment to intervention. The interview can also be used to assess the feasibility of different interventions. Many examples of structured interviews for children and adolescents, including questions for a mental status evaluation, depression, substance use disorder, traumatic brain injury, etc. are available in Assessment of Children, Behavioral, Social and Clinical Foundations (Sattler, & Hoge, 2006).

Systematic Direct Observation*:

Direct observations are an essential data source for assessing children's emotional and behavioral problems, and observations in at least two settings in the child's environment, one of which must be school, are required. Observations should occur in relevant settings where problems are occurring, as well as in settings where behavior is less likely to occur. Because student behavior varies, more than one observation over different days is needed. Observing one or two control students (matched on demographic factors) in the same setting provides a comparison with peers. Independent observers are recommended who can record overt behavior and environmental conditions surrounding behavior. Low frequency, high severity behaviors may be harder to observe using systematic direct observation. Tools are available to aid in behavior data collection and analysis (e.g., Behavior Snap, Behavior Tracker Pro, AIMSWeb Behavior, BOSS, etc.)

Functional Behavior Assessment*:

A Functional Behavioral Assessment (FBA) provides important information about the functions that a particular behavior serves, and is a critical step in developing a positive behavior support plan. By understanding the function underlying a behavior of concern as well as the conditions (i.e., antecedents and consequences) that motivate and sustain the problem behavior, teams will be better able to plan interventions. An FBA is most effective when completed by a team that includes a member trained in the FBA process and who is familiar with the student, both in and out of school. Family members and students themselves should also be involved in the FBA process. As problem behaviors become more severe, the process may be conducted with greater depth, time, and analysis. More complex behavior problems require a multi-modal approach that includes observations, interviews, and possibly targeted standardized assessment to understand the function the behavior serves for the student.

* Forms to support the FBA process can be found on the CDE Behavior Tools wiki: http://cdebehaviortools.pbworks.com/

Based on the information obtained through an FBA, a Behavior Intervention Plan (BIP) addressing the student's problem behavior can be developed. An effective BIP must:

- identify SMART goals (Specific, Measurable, Attainable, Relevant, and Time-specific) related to the behavior(s) of concern;
- provide clearly written strategies for all involved in implementation;

- Include the family as a partner, and community resources as needed;
- be implemented with fidelity, as written;
- be evaluated regularly and systematically and revised as needed; and
- identify a plan for providing direct and ongoing consultative support regarding implementation and evaluation.

Due to the strong connection between academics and behavior, the BIP may include a combination of interventions in both areas.

Academic Determination:

All special education eligibility evaluations require the assessment of a child's current academic achievement and educational performance. If a review of records, including curriculum based assessments, state or district level assessments, grade reports, classroom work samples, and curriculum-based measures are determined to be insufficient to understanding the student's academic functioning, individually administered tests of academic achievement may provide valuable additional information to the body of evidence.

Behavior Rating Scales:

Standardized assessments of social/emotional functioning and behavior through behavior rating scales may provide more specific information on social/emotional strengths and challenges. They may also help to compare observations from multiple raters (e.g., parents, teachers, and student). While evidence-based rating scales incorporate validity scales to address rater inconsistency and/or a consistent, negative tone toward the child, rating scales are still limited due to their subjectivity. Ultimately, they reflect raters' perceptions of problems. According to Chafouleas et al. (2007), a behavior rating scale should be considered an indirect measure of actual behavior, and information from a single rating scale should not be used as the sole data source in high-stakes decisions. Thus, results are useful to identify specific areas of concern, but additional data are necessary to design appropriate interventions (McConaughy, 2006).

Behavior rating scales are tools designed to reliably measure a cluster of related behaviors, (e.g., disruptive behaviors) based on past observation. With parent and teacher rating scales, the rater must be familiar with the student. Specific definitions of "familiarity" (e.g., knowing the student six months) may be included within the directions for a particular scale. Qualified administrators should select standardized rating scales with empirically-based syndromes and large normative samples that are developmentally appropriate, and adequately represent both sexes and culture.

Standardized Assessments:

Standardized assessments can provide an in-depth, reliable assessment that focus on specific areas of functioning. Standardized assessments can also assist in the determination of the "significance" of a behavior (i.e., that a behavior "exists to a marked degree" as specified in the eligibility criteria). At least one standardized assessment, with results supporting the Multidisciplinary Team's conclusion that a student is/is not a student with an SED, must be included in the full and individual evaluation. Rather than using a standard battery of assessments, the use of diagnostic assessments that are focused on a specific area of concern is recommended.

There are many standardized measures used to assess social/emotional behavior. The list below represents assessments used by many Colorado school districts. This list is not exhaustive, nor does

it imply a recommendation or endorsement by the CDE. It is best practice to use the most updated editions of assessments.

- Achenbach System of Empirically Based Assessment; ASEBA™ (Achenbach, 2001; Achenbach, 2000)
- Ages & Stages Questionnaires: Social Emotional; ASQ:SE™ (Squires, Bricker, & Twombly, 2002)
- Beck Youth Inventories™ (Beck, Beck, & Jolly, 2005)
- Behavior Assessment System for Children; BASC (Reynolds and Kamphaus, 2004) *
- Behavior and Emotional Rating Scale; BERS (Epstein, 2004)
- Behavior Rating Inventory of Executive Function; BRIEF (Gioia, Isquith, Guy, & Kenworthy, 2000)
- Brief Infant Toddler Social Emotional Assessment; BITSEA™ (Briggs-Gowan and Carter, 2005)
- Children's Depression Inventory; CDI™ (Kovaks, 2010)
- Conners Comprehensive Behavior Rating Scales; Conners CBRS™ (Conners, 2008)
- Conners (Conners, 2008)
- Revised Children's Manifest Anxiety Scale; RCMAS (Reynolds and Richmond, 2008)
- Multidimensional Anxiety Scale for Children (MASC™; March, 2013)
- Emotional Disturbance Decision Tree; EDDT (Euler, 2007)
- Scales for Assessing Emotional Disturbance; SAED (Epstein, 2010)
- Social Emotional Assets and Resilience Scales; SEARS (Merrell, 2008)

*Note: The BASC is used by many school districts, but further probing may be necessary through the use of interviews and/or internalizing scales to support results

Projective Measures:

Although some practitioners might choose to use projective measures on an individual basis to assist in case conceptualization or intervention planning, it is important to recognize that most do not offer sufficient reliability and validity to be used for special education decision making. The inadequacy and educational irrelevance of personality tests have led to increasing reliance on more objective procedures.

Parent Permission:

Colorado law prohibits school personnel from administering a test for any student in the area of behavior without giving notice to the parent/guardian and describing the recommended testing and how the results will be used. This may be a factor when considering a diagnostic assessment of behavior to assist in planning a targeted intervention, prior to any consideration of special education eligibility. A distinguishing factor that may help guide teams in whether parental consent is required is whether a student is the only one receiving a particular assessment. Professional judgment that

depends on the context and purpose should be utilized in determining whether parent permission is needed for a behavioral observation. If an observation is being conducted for an FBA, this would be considered to be a behavioral assessment, and permission should be obtained. When the family has been participating on the Problem Solving Team and the FBA process, this is typically not a barrier.

"School personnel shall not test or require a test for a child's behavior without prior written permission from the parents or guardians or the child and prior written disclosure as to the disposition of the results or the testing there from" (C.R.S. 22-32-109 [1] [ee]).

Summary

To summarize, a referral for a full and individualized evaluation to determine eligibility for a Serious Emotional Disability includes:

- compilation of the data from multiple settings and informants, including the family, leading to the referral;
- consideration of the socio-cultural background and native language of the student;
- collection of a body of evidence related to eligibility criteria, including the function of the student's behavior, subsequent related interventions, and the student's response to these interventions;
- identification and prioritization of areas of educational need; and,
- comparison of the body of evidence to Colorado state criteria to determine eligibility.

Section 5: Eligibility

Resources

Guidelines from other states and school districts were used as references for the following section. In particular, Assessment, Identification and Education Planning for Students with Emotional Disturbance from the Riverside County Special Education Local Plan Area provided a foundation for describing the SED criteria.

Determination of Eligibility: SED

The Multidisciplinary Team may use the Determination of Eligibility: Serious Emotional Disability form recommended by the CDE to make a determination of eligibility for special education and related services (see form that follows). Each section should be completed based on the guidance provided below.

Definition: A child with a Serious Emotional Disability shall have emotional or social functioning which prevents the child from receiving reasonable benefit from general education. ECEA 2.08(3)

Box 1: Information for SED Determination

The team has addressed each of the following statements and has determined: IDEA 34 C.F.R. § 300.304 (c)(6), ECEA 2.08 (3)	
Yes No	1. The evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related service needs, whether or not commonly linked to the disability category (Answer must be "yes" in order for the child to be eligible for services.)
Yes No	2. The child can receive reasonable educational benefit from general education alone (Answer must be "no" in order for the child to be eligible for services.) 3. the student's performance: (All answers must be "is not"in order for the child to be eligible for services.) ***is*** ***is not*** due to lack of appropriate instruction in reading, including the essential components of reading instruction; ***is*** ***is not*** due to a lack of appropriate instruction in math; and ***is*** ***is not*** due to limited English proficiency.

Section Objectives:

- Provide guidance for completing the Determination of Eligibility: Serious Emotional Disability (SED) form recommended by the CDE
- Provide guidance in documenting the considerations and conclusions of the Multidisciplinary Team in the determination of whether the child is a child with a SED and requires special education and related services.
- Support compliance with SED criteria as outlined in ECEA and Federal regulations.

Box 2: Emotional or Social Functioning Criteria

To be eligible as a child with Serious Emotional Disability, there must be evidence that the child's emotional or social functioning meets one or more of the following criteria: (check all that apply) ECEA 2.08 (3)(a)		
Yes	No	An inability to learn that is not primarily the result of intellectual, sensory, or other health factors; **and/or**
Yes	No	An inability to build or maintain interpersonal relationships, which significantly interferes with the child's social development; **and/or**
Yes	No	Inappropriate types of behavior or feelings under normal circumstances; **and/or**
Yes	No	A general pervasive mood of unhappiness or depression; **and/or**
Yes	No	A tendency to develop physical symptoms or fears associated with personal or school problems.

The Colorado ECEA regulations require that the disabling condition must significantly impair academic and/or social/emotional functioning. Social and emotional functioning includes one or more of the five criteria listed in the rules for the Administration of the Exceptional Children Educational Act.

I. An inability to learn that is not primarily the result of intellectual, sensory, or other health factors ECEA 2.08 (3)(a)(i)

This category requires that a student have such a serious emotional disability that he/she cannot learn despite appropriate educational interventions. The student essentially cannot learn in a general education classroom as demonstrated by failure to make a satisfactory rate of educational progress. Evidence includes failing grades, low scores on district and state assessments, inability to complete assignments, poor progress monitoring data, etc.

"Inability to learn" is demonstrated when the student cannot make educational gains when causes such as a learning disability, cognitive disability, physical disability, traumatic brain injury, health problem, and lack of motivation are eliminated. It should not be confused with an unwillingness or disinterest in learning. Lack of motivation is demonstrated when the student refuses to complete homework as part of a pattern of disinterest in learning, and the lack of motivation does not have an underlying cause related to an emotional disability as evidenced by the body of evidence generated through a comprehensive evaluation.

In addition to lack of motivation, the differential assessment should also rule out socio-cultural issues and excessive absences as primary factors interfering with the student's ability to learn. A student with an emotional disability may exhibit discrepant achievement due to anxiety, pervasive depression, and/or reality distortion. The related underlying thoughts and feelings may manifest in behaviors associated with disorganization, quitting or giving up easily, difficulty retaining material, or achievement scores that remain significantly below potential. Aspects of the student's thoughts, feelings, and behaviors should be examined to determine if they produce incapacity to learn in the normal school environment, under non-special education interventions.

The Multidisciplinary Team will want to address questions, such as:

- Does the child's intelligence appear average or near average?
- Does the child's hearing and vision appear normal or corrected to near normal?

- Does the child's physical health appear normal or near normal?
- Does the child appear motivated to learn?
- What does the family observe at home and in the community?

II. An inability to build or maintain interpersonal relationships, which significantly interferes with the child's social development ECEA 2.08 (3)(a)(ii)

This characteristic requires documentation or other evidence that the student is unable to initiate or to maintain satisfactory interpersonal relationships with peers and adults in multiple settings, at least one of which is educational. There should be a pervasive inability to develop relationships with others across settings and situations (e.g., more than one teacher, peer or peer group.) Examples of unsatisfactory student behaviors include physical or verbal aggression, lack of affect, disorganized/ distorted emotions toward others, demands for attention, or withdrawal from social interactions.

The Multidisciplinary Team will need to determine that the student has been unable to establish meaningful and/or satisfactory interpersonal relationships, and that 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 (e.g., demonstrating warmth and sympathy toward others, initiating interactions, and working and playing with others). This criterion requires that the student has an impairment that negatively affects his/her ability to interact with others.

It should be noted that other disabilities may result in the lack of social skills that could otherwise be systematically taught to the student. The lack of social skills alone or as the result of another disabling condition does not make a student eligible under this category. Furthermore, a differential diagnosis needs to rule out other factors, such as social maladjustment or social immaturity, as being responsible for the impairment.

The Multidisciplinary Team will want to address questions, such as:

- Does the child have any friends at school, at home, or in the community?
- Does the child have significant challenges with give and take?
- Does the child voluntarily play, socialize, or engage in recreation or other activities with others?
- Does the child engage in significantly over-dependent behaviors or seem to want constant attention or approval?
- Does the child show lack of emotion or disorganized emotions toward others?
- Does the child display consistent anxiety-based or fear-driven avoidance of meaningful school- based social interactions?
- Does the child exhibit significant withdrawal behaviors or isolation?
- Does the child seek negative attention that results in being rejected by others?
- Is the child overly affectionate or display inappropriate sexual behavior?
- What does the family observe at home and in the community?

III. Inappropriate types of behavior or feelings under normal circumstances ECEA 2.08 (3)(a)(iii)

Inappropriate behaviors or feelings refer to those behaviors that make the child appear strange or unusual compared to others in the same situation. Inappropriate behavior can be withdrawn, deviant, or bizarre behavior, not just aggressive or acting-out behavior. Some children express their inappropriate behavior or feelings through confused verbalizations, fantasizing, preoccupation with emotional conflict in their art work, written expression, or other outlets. Developmental norms and comparisons with peers in similar circumstances should be used to judge whether the behaviors are inappropriate or unusual.

This criterion includes behaviors that are bizarre or psychotic, such as compulsions, hallucinations, preoccupations, delusions, ritualistic body movements, or severe mood swings. Once it is established that the inappropriate behaviors are significantly deviant, it also must be determined that they are due to an emotional condition. At the same time, a student need not exhibit bizarre or dangerous behavior or be psychotic or delusional to meet this criterion. The critical question is whether the child's reactions to everyday occurrences are appropriate when considered in relation to how the child's peers would react.

A child's behavior needs to be unusually serious as compared to peers. According to the Office of Special Education Programs, "inappropriate behavior under normal circumstances" is behavior that is atypical for the student and for which no observable reason exists." For example, running away from a stressful situation does not qualify as inappropriate behavior.

Behaviors should occur under normal conditions. Teams should consider whether the child's home or school situation is disrupted by stress, recent changes, or unexpected events, although this evidence does not necessarily disqualify an eligibility determination. This category does not include behaviors that would be described as solely oppositional, willful, and understood by the student.

There are three components to this criteria. Once it is determined that behaviors are significantly deviant, it also must be determined that they are due to an emotional condition. The team must also determine whether the student's inappropriate responses are occurring "under normal circumstances."

The Multidisciplinary Team will want to address questions, such as:

- Does the child withdraw to the point that school participation is obstructed?
- Does the child exhibit aggression to the point that school participation is obstructed?
- Does the child engage in obsessive thinking (e.g., persistent, recurrent or intrusive thoughts that cannot be controlled) to the point that school participation is obstructed?
- Does the child engage in self-injurious behavior?
- Does the child appear oriented to time and place?
- Does the child display extreme changes or shifts in mood or feelings or rage reactions?
- Does the student engage in bizarre verbalizations, peculiar posturing or ritualistic behavior?
- Does the child exhibit flat, blunted, distorted or excessive affect?
- Doe the child over-react emotionally, or laugh or cry inappropriately?

- Does the child demonstrate excited behaviors, such as unexplained euphoria, racing thoughts or excessive agitation?
- Does the child demonstrate limited self-control?
- What does the family observe at home and in the community?
- Does the child have a history of trauma that is currently manifesting in emotional problems?

IV. A general pervasive mood of unhappiness or depression ECEA 2.08 (3)(a)(iv)

To meet this criterion, the student must demonstrate actual symptoms of depression. Depressive symptomology typically involves changes in display of emotion, motivation, physical, and motor functioning, sleeping/eating patterns, and/or cognition. Symptoms of depression are often displayed differently in children and adolescents than adults (Sharp and Lipsky, 2002), and differ by gender (Bailey, Zauszniewski, Heinzer, & Hemstrom-Krainess, 2007). 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 (e.g., parental divorce, death of a family member, or military deployment). Such reactions need to be evaluated in the context of the situation in which they occur with special attention given to their intensity and duration. If the reactions appear to be of mild or moderate intensity or short duration and closely tied to a specific situation, they should be addressed using non-special education interventions. If the unhappiness or depression seems unusually intense or has generalized to other situations, this could indicate an emotional disability.

The Multidisciplinary Team will want to address questions, such as:

- Does the child exhibit inattentive behavior, ruling out attention problems, to the point that school participation is obstructed?
- Does the child exhibit agitation?
- Does the child exhibit depressed mood and social withdrawal?
- Has the child lost interest in activities, pastimes or social relations that were previously enjoyed?
- Does the child display major changes in eating patterns or visible changes in weight?
- Does the child demonstrate lack of energy and appear frequently fatigued or over-tired?
- Does the child demonstrate changes in sleep patterns, including insomnia or over sleeping?
- Does the child exhibit diminished ability to think or concentrate, such as memory difficulty that is not associated with a thought disorder?
- Does the child demonstrate irritability?
- Does the child express feelings of worthlessness or hopelessness?

- Does the child have suicidal ideation?
- What does the family observe at home and in the community?

V. A tendency to develop physical symptoms or fears associated with personal or school problems ECEA 2.08 (3)(a)(v)

This criterion represents physical symptoms or fears that develop as reactions to an emotional problem that has 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 and are associated with the student's personal or school life.

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. Examples of physical symptoms without a known medical cause include headaches, gastrointestinal problems (nausea, stomach aches, cramps, or vomiting), and cardiopulmonary symptoms (racing heart rate, tremors, and hyperventilating.) There can also be physical reactions or behaviors that are not under voluntary control, such as tics, eye blinking or unusual vocalizations.

An inability to avoid the feared object or circumstance will usually result in severe anxiety or panic attacks. Often children can describe their fears but cannot give a meaningful explanation for them. School phobia, also referred to as separation anxiety disorder, or generalized anxiety, may fit under this category. For these students, the evaluation must differentiate between school phobia and truancy.

The Multidisciplinary Team will want to address questions, such as:

- Does the child work independently?
- Does the child work well in a group with other students?
- Does the child have frequent physical complaints?
- Does the child have frequent requests to visit the health office?
- Does the child display physical reactions that appear linked to stress, such as sweating palms, nervous tremors, or increased heart rate?
- Does the child complain of physical problems without known medical cause, such as headaches, nausea, rashes, stomachaches, cramps, or vomiting?
- Does the child have persistent and/or irrational fear of specific objects, situations or activities that result in compulsive or avoidance behaviors?
- Does the child exhibit hyper vigilant behavior, to the point that school participation is obstructed?
- Does the child demonstrate 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?
- Does the child worry excessively about school performance to the point where physical complaints are evident and/or result in the inability to perform?

- Does the child express fear of going to school or refuse to attend school?
- For younger children, does the child react negatively when separated from his/her caregiver, to the point that school participation is obstructed?
- What does the family observe at home and in the community?

Box 3: Exclusionary Clause

The term "serious emotional disability" does not apply to children who are socially maladjusted, unless it is determined that they have a serious emotional disability in addition to social maladjustment. ECEA 2.08(3)(d)	
Yes No	The Multidisciplinary Team has determined that this child is not a child whose sole area of identified concern is social maladjustment. The answer must be yes in order to continue with the determination of SED eligibility

The term "serious emotional disability" does not apply to children who are socially maladjusted, unless it is determined that they have a serious emotional disability in addition to social maladjustment. ECEA 2.08(3)(d)

The Multidisciplinary Team has determined that this child is not a child whose sole area of identified concern is social maladjustment. The answer must be yes in order to continue with the determination of SED eligibility Yes NO

This clause has been the source of much discussion, particularly due to the lack of a universally accepted, working definition for the term socially maladjusted (Merrell & Walker, 2004,) and has resulted in wide variation in the treatment of children who are socially maladjusted. A multi-factorial view of social maladjustment, however, has emerged as consistent in the research literature. This view incorporates an internal factor, such as interpersonal/affective traits (i.e., callous/unemotional dealings with others, lack of guilt over misdeeds, egocentricity, lack of empathy, and use of others for personal gain) with a behavioral factor of social deviance, such as antisocial behavior (Gacano & Hughes, 2004; Tansy, 2004).

There is also general acceptance that social maladjustment consists of behaviors that are outside established norms of the majority culture although the behaviors may be acceptable to members of a subculture. In this context, social maladjustment is viewed as a persistent pattern of violating societal norms through such behaviors as truancy, substance abuse, perpetual struggles with authority, poor motivation for schoolwork, and manipulative behavior. In addition, problems with mood, behavior, or academics that are related solely to substance abuse preclude a student being qualified as a child with SED.

The overlap between emotional problems and social maladjustment has been confusing for some professionals. Although IDEA stipulates that a student who is solely socially maladjusted is not eligible for special education services as a student with an SED, a student who has an emotional disability with social maladjustment is eligible for special education services as a student with an SED. Because emotional disability is often correlated with antisocial behavior, children who have an emotional disability are also frequently socially maladjusted (Kehle, Bray, Theodore Zhou, & McCoach, 2004). Furthermore, children who are socially maladjusted often have problems with mood disorders, such as depression or anxiety (Davis, Sheeber, & Hops, 2002). Therefore, Multidisciplinary Teams should not automatically rule out an emotional disability if a student has been diagnosed with Oppositional Defiant Disorder or Conduct Disorder. Rather, an FBA should be utilized to find the function or purpose of a behavior. Additionally, other disability categories must be considered, for example, a student

diagnosed with Oppositional Defiant Disorder may qualify under Other Health Impaired if s/he meets eligibility criteria.

This overlap has created confusion about what social maladjustment is and how to determine if it exists in isolation. Because of the frequent co-occurrence of emotional disturbance and social maladjustment, professionals should avoid using an emotional disability vs. social maladjustment strategy for identification of an SED. Instead, Multidisciplinary Teams should identify an emotional disability in accordance with the five eligibility criteria first, and the degree to which social maladjustment is evident next. One assessment that uses this approach to identifying social maladjustment is the Emotional Disturbance Decision Tree (EDDT) Euler,, 2007). Another assessment that is also specifically based on the federal criteria and includes a scale for social maladjustment is The Scales for Assessing Emotional Disturbance – Second Edition (SAED-2), (Epstein, M.H. & Cullinan, D., 2010). (Please note that CDE does not recommend nor endorse these assessment instruments. Rather, they may be explored by districts to determine if they meet local needs.) In addition, accessing student data, such as discipline records, and conducting interviews that include a full social history can provide a broader context in which to assess a student's emotional functioning.

The Multidisciplinary Team may want to address questions, such as:

- Does the child display misbehavior that is controlled and understood?
- Does the child have intact peer relations?
- Is the child a member of a subculture group that is asocial or antisocial?
- Is the child skilled at manipulating others?
- Are conflicts primarily with authority figures (e.g., parents, school personnel, and/or police)?
- Does the child appear defiant and oppositional?
- Does the child generally react toward situations with appropriate affect?
- Does the child lack appropriate guilt or remorse and blame others for problems?
- Does the child appear oriented to reality?
- Does the child dislike school except as a place for social contacts?
- Is the child frequently truant or rebel against rules and structures?
- Is the child involved with the criminal justice system?

In the case that the Multidisciplinary Team determines that a child is solely socially maladjusted, the child would not be eligible for special education services as a student with an SED. In this situation, it is important for the general education staff, with input from the family, to plan for effective supports within an MTSS framework for the student.

For more detailed information on this exclusionary factor, please refer to the section of the guidelines called "Special Considerations", subheading "Social Maladjustment" or the Social Maladjustment Topic brief: http://www.cde.state.co.us/cdesped/topicbrief_sed_socialmaladjustment

Box 4a: --Student Meets One or Both of Following Criteria

The Serious Emotional Disability, as described above, prevents the child from receiving reasonable educational benefit from general education, as evidenced by one or both of the following criteria (check all that apply) ECEA 2.08 (3)(b)	
Yes No	Academic functioning: an inability to receive reasonable educational benefit from general education which is not primarily the result of intellectual, sensory or other health factors, but due to the identified serious emotional disability; **and/or**
Yes No	Social/emotional functioning: an inability to build or maintain interpersonal relationships, which significantly interferes with the child's social development. Social development involves those adaptive behaviors and social skills, which enable a child to meet environmental demands and assume responsibility for his or her welfare.

Criteria for determining if an SED exists and is preventing the child from receiving reasonable benefit from regular education shall include one or both of the following characteristics. The team will identify one or more indicators that the child's emotional or social functioning prevents reasonable benefit from regular education.

The team must determine if the child meets the criteria of "inability to receive reasonable education benefit" by identifying if one or both of the following characteristics are present.

1. Academic Functioning

When considering a student who may have an SED, the Multidisciplinary Team must consider the adverse effect(s) the suspected emotional disability has on the child's educational performance. A determination must be made that a student's social/emotional functioning is having a significant, adverse impact on academic functioning. Before a referral for eligibility occurs, school personnel are responsible for obtaining evidence that effective instruction was provided within the general education classroom and provision of appropriate and timely interventions occurred. Through this process a body of evidence is gathered that demonstrates that the child is not responding to research-based curricula and instruction designed to meet the needs of all students. Additionally, information from a variety of sources is carefully documented and considered in making a determination of eligibility. This information may include curriculum based measurements (CBM), teacher interviews and recommendations, as well as information obtained from the child's family about the child's physical condition, social or cultural background, and adaptive behavior. The presence of one of the following indicators would be considered evidence:

- Failing grades and/or sudden changes in grades
- Academic achievement that is significantly below that of grade and/or age peers that is attributable to an emotional condition, not a learning disability (document impaired achievement areas)
- Inability to pass from grade to grade, or to pass several academic courses in a given year
- Work samples that show inability to complete tasks
- Inability to attend, concentrate, follow class discussions and/or participate appropriately in educational activities
- Chronic absences, or

- Other data.

Note: The academic deficit should not be the result of a communication disorder, linguistic differences, limited cognitive ability, traumatic brain injury, Autism Spectrum Disorder, or a specific learning disability.

2. Social/Emotional Functioning

Impaired social/emotional functioning refers to a student's inability to develop and maintain interpersonal relationships with others (e.g., peers and/or teachers) resulting in a loss of reasonable educational benefit. When identifying a student with an SED, the Multidisciplinary Team must first provide documentation that specific social and/or emotional indicators are present. When practitioners are working within an MTSS framework, the problem-solving team, which includes the family, may gather data and monitor the student's progress over a period of time to determine if the student's performance differs from that of peers. This may result in a body of evidence that reflects that the child is not responding to research-based, positive behavioral interventions and supports, and that the child is not demonstrating sufficient progress when provided with social, emotional, and/or behavioral learning experiences and instruction appropriate for the child's age or state standards. See the following link for more information on the Comprehensive Health and Physical Education standard and the related Emotional and Social Wellness standards to guide teams in understanding grade level expectations for student social/emotional competence. http://www.cde.state.co.us/cohealth/statestandards

Since social development is a necessary and critical component tied to a student's educational performance, deficits in social competence which impair one's ability to form and maintain interpersonal relationships with adults and peers may qualify the student for services as a student with an SED regardless of academic achievement if other eligibility criteria are met. Thus, the Social/Emotional Functioning criterion has equal weight to Academic Functioning, and may stand alone when determining eligibility.

Box 4b: All Four Qualifiers Shall Be Documented

All four of the following qualifiers shall be documented for either of the above criteria demonstrated: ECEA 2.08 (3)(c)	
Yes No	A variety of instructional and/or behavioral interventions were implemented within general education,and the child remains unable to receive reasonable educational benefit from general education; and
Yes No	Indicators of social/emotional dysfunction exist to a marked degree; that is, at a rate and intensity above the child's peers, and outside of his or her cultural norms, and outside the range of normal development expectations, and
Yes No	Indicators of social/emotional dysfunction are pervasive, and are observable in at least two different settings within the child's environment. For children who are attending school, one of the environments shall be school; and
Yes No	Indicators of social/emotional dysfunction have existed over a period of time and are not isolated incidents, or transient, situational responses to stressors in the child's environment.

Upon determining if one or both of the previous characteristics are present, the team shall then provide documentation on each of four qualifiers to support the identification.

The team is responsible for gathering a body of evidence to determine if social/emotional functioning

prevents the child from receiving reasonable benefit from regular education. Evidence for this determination should be gathered from a variety of sources.

1. A variety of instructional and/or behavioral interventions were implemented with in general education, and the child remains unable to receive reasonable educational benefit from general education; prior to evaluating a student for special education services, school personnel have the responsibility to ensure that both instructional and behavioral interventions have been attempted and evaluated in the general education environment before moving to more intensive supports.

It is the task of the Problem Solving Team (PST), which includes the parents, to develop evidence-based interventions with sufficient intensity to match the student's needs. Documentation must reflect that the student has not responded to evidence-based interventions or behavioral strategies that were implemented with fidelity and over a period of time. In general, two or more trials of interventions should be implemented for a reasonable period of time and monitored frequently. A reasonable period of time should be determined by the PST on a case-by-case basis, according to the nature of the problem, the type and intensity of interventions, progress monitoring data, and an evaluation of progress. However, a general guideline for a reasonable period of time might be four to eight weeks for each intervention. A Functional Behavioral Assessment (FBA) and a Behavior Intervention/support Plan (BIP) are usually necessary steps when planning intensive, individualized interventions for students with social, emotional, or behavioral skill deficits. The intervention process may occur with varying degrees of intensity and varying frequency of assessment and progress monitoring.

2. Indicators of social/emotional dysfunction exist to a marked degree; that is at a rate and intensity above the child's peers and outside of his or her cultural norms and outside the range of normal developmental expectations (ECEA 2.08[3][c][ii]).

The problem behaviors must be of such severity and/or intensity that they are clearly apparent to school staff and others who are familiar with the student. Evidence of the behavior should be observed by more than one person across a variety of settings and environments. Behaviors should also be significant in rate, frequency, intensity, or duration. The social-emotional behaviors of concern must be more severe or frequent than the normally expected range of behavior for students of the same age, gender, and cultural group.

Marked degree represents a rate and intensity consistent with clinically significant levels of functioning. Although in some cases standardized assessments can be used to determine clinical significance, interpretations should be combined with professional judgment. In all cases, careful interpretation of clinically significant behaviors should involve the examination of any triggering conditions and/or events, including those in the home and community. Practitioners must carefully choose and interpret assessment data by ascertaining a level of normal response for culturally and linguistically diverse populations, and the degree to which the individual is immersed in that group, and then compare the student's rate of response to that norm. Sociocultural factors (e.g., socio-economic status) should also be considered in context, meaning that all data are analyzed within the family's culture. Comparisons with age and grade level peers of the same culture may help to provide evidence that behavioral functioning differs from the norm.

3. Indicators of social/emotional dysfunction are pervasive and observable in at least two different settings within the child's environment, one of which shall be school (ECEA 2.08[3][c][iii]).

In this context, the term" pervasive" includes the notion that the frequency, intensity and duration of the behavior must exceed average developmental and cultural expectations, as determined through objective assessment methods and an accumulated body of evidence. To be considered pervasive, at least one of these indicators must be present in school and in one other setting, such as home or

community, and must be documented in the body of evidence. Observations and interviews can be used to document school behavior. There are family forms for many social/emotional assessments to obtain information about other environments. Practitioners must then examine academic, environmental, and interpersonal factors that are contributing to the presence of the target behaviors.

4. Indicators of social/emotional dysfunction have existed over a period of time and are not isolated incidents or transient, situational response to the student's environment (ECEA 2.08[3][c][iv]).

Following traumatic or transitional events, it is not uncommon for children to develop behaviors associated with emotional disabilities. This qualifier is designed to prevent children who may be experiencing short-lived, acute, undesirable behavior from having those behaviors considered as evidence of an emotional disability. Examples of situational stressors would include reactions to traumatic events (e.g., death in the family, divorce, illness, family move, or a financial crisis). In these situations, it is necessary to determine that the behavioral characteristics have continued beyond the expected time for normal adjustment. Transient, situational responses to the student's environment, if they occur as several isolated incidents, would not meet this standard.

No specific period of time is offered in the federal regulations. The term a long period of time requires that the student exhibit one or more of the behavioral criteria long enough to be considered chronic. This means the behavioral characteristics are manifested for four to six months or are displayed by high frequency of occurrences over a somewhat shorter period of time. For eligibility purposes, a period of time might better be defined as a set number of data points rather than a specific period of time. The team must collaborate with the family to determine length of time that seems reasonable to collect a set number of data points.

General guidelines suggest a school semester would allow the PST sufficient time to collect a body of evidence regarding the child's response to research-based interventions. However, in some cases that may be too long a period of time. Each situation varies due to the unique circumstances surrounding the context of the child's behavioral, emotional or mental health status, and other factors, such as the age of the child or the intensity of the problem. For example, a shorter time period might be considered for young children and might be appropriate for acute problems that demand immediate interventions.

Box 5: Determination of Eligibility

		The term "serious emotional disability" does not apply to children who are socially maladjusted, unless it is determined that they have a serious emotional disability in addition to social maladjustment. ECEA 2.08(3)(d)
Yes	No	The multidisciplinary team has determined that this child is not a child whose sole area of identified concern is social maladjustment. *The answer must be yes in order to continue with the determination of SED eligibility.*
Yes	No	**The child has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education.**

DETERMINATION OF ELIGIBILITY: SERIOUS EMOTIONAL DISABILITY	
Multidisciplinary Team Members IDEA 34 C.F.R. 300.306(a)(1); ECEA 4.02(6)(b)	**Title**

A copy of the evaluation report(s) and the eligibility statement has been provided to the parent(s). **IDEA 34 C.F.R.300.306(a)(2)**

Section 6: Special Condsiderations

Social Maladjustment

Overview

With the advent of HB 11-1277, Colorado's criteria for Serious Emotional Disability were changed to more closely align with the Federal criteria, resulting in a significant change for students exhibiting social maladjustment solely. The Individuals with Disabilities Education Act (IDEA 1997) formally established emotional disturbance as a distinct special education category, specifically excluding children who are identified as socially maladjusted from receiving special education services, unless they are also determined to have an emotional disturbance. This exclusionary clause, in addition to the vague federal definition of emotional disturbance, has resulted in a great deal of discussion. Colorado's former SIED (Significantly Identifiable Emotional Disability) criteria within the Exceptional Children's Educational Act (ECEA) did not include the social maladjustment exclusion provided in the federal law. In fact, the criteria included characteristics that are typically associated with social maladjustment (e.g., a consistent pattern of aggression toward objects or persons, pervasive oppositional, defiant or non-compliant responses; and a persistent pattern of stealing, lying or cheating). However, under Colorado's new criteria, students exhibiting social maladjustment solely will no longer be eligible under SED.

The purpose of this section is to provide guidance for the determination of SED eligibility. Of utmost importance is the need to focus on meeting the social, emotional, and behavioral needs of children, whether they meet the criteria for SED or not, through the use of a multifaceted, proactive approach within a Multi-Tiered System of Supports (MTSS) framework. This framework seeks to identify student strengths and respond to student needs regardless of a special education label, making the distinction between SED and social maladjustment less consequential (Heathfield & Clark, 2004). When using an MTSS framework, the principles of response to intervention should be applied in identifying and intervening early with children who have social, emotional, and behavioral challenges, regardless of whether a student is being considered for special education.

Though professionals may not agree on the differences between social maladjustment and emotional disabilities, nor the exclusion or inclusion of socially maladjusted students in programs for students with social and emotional disabilities, most agree on the importance of providing all students with research-based interventions to meet their needs and partnering with their families to do so. Therefore, some guidelines are provided to assist those practitioners who desire to better understand and clarify the characteristics of both SED and social maladjustment.

Section Objectives

- Address the clause of excluding social maladjustment in eligibility for SED
- Address clinical vs. educational identification for SED
- Provide guidance on differential diagnosis
- Support writing IEP goals for students with a SED
- Reinforce expectations related to discipline for students identified with a SED
- Discuss cultural considerations in assessing SED Definition

The term "socially maladjusted" is not specifically defined in IDEA or in Colorado's Regulations. As a result, there is no agreed upon or officially recognized definition. In general, social maladjustment is viewed as a diagnostic category whose primary feature is that of conduct problems in which maladjusted students choose not to conform to socially acceptable rules and norms. Many researchers and practitioners agree that social maladjustment can be "operationalized as a pattern of engagement in purposive antisocial, destructive, and delinquent behavior" (Merrell & Walker, 2004, p. 901). Students with social maladjustment tend to view themselves as normal, and are capable of behaving appropriately and following school/social norms. However, the distinguishing feature of social maladjustment is one of volition, i.e., these students consciously choose to break rules and violate norms, viewing these choices as normal and acceptable. This intentionality is considered to be a primary feature of social maladjustment (Wayne County Regional Educational Service Agency, 2004).

It is important to reiterate that within the MTSS framework, children who are determined not to be eligible for services as a child with an SED, but who warrant enough concern about their behavior's impacts on accessing the general education curriculum, should still receive targeted interventions and have their needs monitored on a regular basis. Furthermore, schools should consider whether their general education supports are sufficient to meet the needs of students with characteristics of social maladjustment or if further professional development related to classroom management, strengthening implementation of PBIS and targeted strategies, and/or increased alternative education supports are needed.

Common Characteristics

SED and social maladjustment can display many similar characteristics. Thus, it is also possible for a student to display behaviors that are evident in both SED and social maladjustment, and thereby be identified as being socially maladjusted in addition to having an SED. It is important to avoid over-simplification; thus, it should be noted that a full and individual evaluation is required to assess these factors and gain insight into the function of the behavior.

Differential diagnosis between SED and social maladjustment is also not clearly defined or agreed upon among professionals. However, in order to respond to students' significant social, emotional, and behavioral needs and to apply appropriate interventions and programming that will lead to improved outcomes, attempting to differentiate may be helpful to some practitioners. The following characteristics are proposed as a guide for school professionals in making this determination. Although these behaviors occur on a spectrum, the table below, adapted from work done by Ventura Unified School District, Conejo Valley Unified School Districts, and Wayne County Regional Educational Service Agency (2004), illustrates commonly occurring characteristics associated with SED and social maladjustment.

Common Characteristics	
Social Maladjustment	**Serious Emotional Disability**
Social Relationships	
Peer relationships are usually intact. Often unsympathetic, and remorseless in relation to others.	Peer relationships are often short-lived, a source of anxiety, and sometimes chaotic.
Often a member of a subculture group that is antisocial.	Tends to have difficulty in establishing or maintaining group membership.
Often skilled at manipulating others. Frequently quarrelsome.	Others are often alienated by the intensity of need for attention or bizarreness of ideas and/or behaviors.
Conflicts are characterized by power struggles, primarily with authority figures (e.g. parents school personnel, and police). Often displays hostility and may engage in impulsive, criminal acts.	Conflict and tension often characterizes relationships.
Interpersonal Dynamics	
Often displays positive self-concept, except in school situations.	Often is characterized by a pervasively poor self-concept.
Tends to be independent and appear self-assured. Often displays charming, likable personality.	Often overly dependent or impulsively defiant.
Lacks appropriate guilt; may show courage or responsibility but often toward undesirable ends; generally reacts toward situations with appropriate affect.	Is generally anxious, fearful, mood swings from depression to high activity; frequently has inappropriate affect or may react to situations with inappropriate affect.
Often blames others for his or her problems, but otherwise is reality oriented.	Frequent denial and confusion; often distorts reality without regard to self-interest.
Often a risk taker; “daredevil”	Resists making choices, decisions
Substance abuse more likely with peers	Substance abuse more likely individually
Educational Performance	
Tends to dislike school except as a place for social contacts.	School is often a source of confusion and anxiety
Frequently truant	Truancy related to somatic complaints
Frequently avoids school achievement, even in areas of competence.	Achievement is often uneven.
Tends to rebel against rules and structures.	Often responds well to structure in the educational setting.

(Table adapted from work done by the Ventura Unified School District, Conejo Valley Unified School Districts, and Wayne County Educational Service Agency (2004)).

Interventions

Intervention depends, in large part, upon the underlying function(s) of a student's behavior, as determined by an FBA. Educators and families need to evaluate the impact of behavior on the student's educational progress as well as a student's response to intervention. Additionally, progress monitoring data should be collected and reviewed to help evaluate the effectiveness of interventions and to provide direction for future interventions and services.

Current research highlights the importance of using a school-wide universal prevention program coupled with more intensive early interventions for students identified as being at-risk for behavior problems to help prevent social maladjustment (Kutash, Duchnowski, & Lynn, 2006). Proactive strategies include universal social/emotional screening and a continuum of mental health services in an integrated, collaborative format with community mental health services in order to support access to comprehensive, coordinated services for children and families (Heathfield & Clark, 2004). Components of successful, research-based prevention programs include family education and partnering to help foster effective home-school relationships and to support classroom interventions. Successful prevention programs contain three critical components: family partnering, social-skills training, and academic remediation.

The National Association of School Psychologists' (NASP) Position Statement on Students with Emotional and Behavioral Disorders (2005) proposes a definition of students with emotional and behavioral disorders that includes, "children or youth with schizophrenia, affective disorders, anxiety disorders, or who have other sustained disturbances of behavior, emotions, attention, or adjustment." NASP suggests that practitioners focus on the "impact of the behavior on the student's educational progress (as) the guiding principle for identification."

The organization's guidelines for developing comprehensive school intervention plans include:

- individualized academic and curricular interventions,
- consultation with teachers and other service providers,
- consultation and partnership with families,
- individual and group counseling,
- social skills training,
- career, vocational, and transitional planning,
- appropriate educational settings,
- effective discipline practices, crisis planning and management, and
- collaboration with community mental health.

Districts might also consider creating these high quality factors within alternative settings, programs, or school- within-a-school options for students with the most intensive needs. Many of the evidence-based programs provide skill building in areas that all students could benefit from such as conflict-management, problem-solving, empathy, and goal-setting.

Summary

Whether a student is identified as having an SED or being challenged with social maladjustment solely, educators should identify interventions based on the individual needs of each student. Though some practitioners see the importance of differentiating between SED and social maladjustment, it is more effective to evaluate the evidence of criteria for an SED, recognizing that some degree of social maladjustment typically exists within children with an SED. Restated, the primary focus of multi-disciplinary teams should be to identify an SED first, and the degree to which social maladjustment is evident, second.

Clinical Versus Educational Identification of SED

Students with a clinical diagnosis from the DSM-V (American Psychiatric Association, 2013) do not automatically qualify for special education because there also needs to be evidence of an "inability to receive reasonable benefit from regular education…" as well as, possibly an "inability to build or maintain interpersonal relationships" [2.08 and 2.08(3)(a)(ii)]. For families who have recently learned that their child has a serious mental health disorder, this can be a confusing and upsetting situation. Further consternation can be caused by the fact that the terminology and/or diagnoses used in clinical reports is often not the same as the disability categories identified in State and Federal laws related to Special Education.

Although many data sources must be considered in the determination of an educational disability, information from a clinical assessment/diagnosis may still provide valuable information to the school team. The Multidisciplinary Team, which includes the parents, must consider information from clinical and medical reports when determining if the student meets the eligibility requirements for special education. Additionally, evaluation data and information from a variety of sources (e.g., Child Find teams, multidisciplinary school teams, physicians, private clinicians/therapists, and parents) must be used by the team in determining whether a child has a disability that requires special education services.

As mentioned in Section 3 of this document, children with mental or psychological disorders who do not qualify for special education may be eligible for accommodations under Section 504 of the Rehabilitation Act of 1973.

Determining SED versus Other Health Impairment

Colorado's criteria for Other Health Impairment (OHI) also changed as a result of HB 11 1277. OHI is now defined as having "limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, due to a chronic or acute health problem, including but not limited to asthma, attention deficit disorder attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, leukemia, kidney disease, sickle cell anemia or Tourette syndrome"[2.08(7)].

To qualify as OHI eligible, a child must meet four conditions. First, he or she must suffer from a chronic or acute health condition. Second, the health condition must cause limited alertness to the educational environment due to limited strength, vitality, or alertness or heightened alertness to the surrounding environment. Third, the child's educational performance must be adversely affected by the disability. Finally, OHI, like all other qualifying conditions, must create a need for special education services. If a referred child has a medical or clinical diagnosis, the team may consider the Other Health Impairment category and document this consideration.

As a result of these revisions to OHI, most students with a diagnosis of a mental illness should be considered for eligibility under the SED category. However, a student with ADHD may meet the first two

qualifying characteristics in the paragraph above. If the Multidisciplinary Team is trying to differentiate between eligibility as SED versus OHI for a student thought to have ADHD, the team should consider how that condition is manifesting itself and its impact on educational performance. For example, if the condition is only affecting sustained attention/concentration, then a designation of OHI may be more appropriate. In other words, students whose conditions have an impact primarily on their strength, vitality, over-alertness, would be appropriately qualified for special education under the designation of OHI.

Conversely, students whose attention deficits are having a more widespread impact on social, emotional, and/or behavioral functioning may be eligible for special education under the SED designation. This is particularly true if those conditions meet the SED criteria of being pervasive and having existed for a long period of time.

Another way to make the differentiation clearer is to consider the suggested goals and interventions for the student. Are they more directed toward attention alone, or to social and/or emotional performance? The former would suggest identification under OHI; whereas the latter would point to an SED designation.

SED as it Relates to Other Disability Categories

There are times when students present with both an emotional disability and other disabilities, including intellectual disability, or autism spectrum disorder. When this occurs, teams often struggle with deciding which disability is primary or has a greater impact on the student's access to education.

Following are considerations regarding decision-making related to an intellectual disability:

- Are the student's social, emotional, and/or behavioral difficulties related to, or a function of their limited cognitive skills? Due to limited cognitive processing abilities and difficulties in understanding social situations, many students with an intellectual disability exhibit negative behaviors and struggle with coping and controlling emotions. Such students have a cognitive disability and need direct instruction in behavioral expectations and emotional coping skills in addition to their other educational needs.

- Does the student have emotional difficulties in addition to an intellectual disability? Several mental health or emotional difficulties can occur co-morbidly with a cognitive disability. In this situation, the team needs to discuss which disability is having a greater impact on the student or is a greater barrier to their accessing the general education curriculum and their education. Regardless of the decision, the team should provide instruction and support related to both the cognitive deficits and the emotional challenges.

- Are the student's emotional difficulties so severe that they are impacting general adaptive functioning, and thus cause the student to seem to have limited cognitive skills? These students need intense intervention to address their emotional needs as well as instruction in adaptive skills.

Following are considerations regarding decision making related to Autism Spectrum Disorder (ASD):

- Intervention for students with ASD may look very different than for students with SED. While students with ASD often display difficulties with social interaction and verbal/non-verbal communication skills, research indicates that effective interventions and strategies differ from those for students who present with SED, as opposed to those who present with ASD (Simpson et al., 2005). It is best practice for students with ASD to participate

in the general education setting so that appropriate social interaction and behavior skills can be reinforced. Placing students with ASD in a more restrictive environment, with SED peers, puts them at-risk for aggressive behavior due to their naivety. Moreover, students with ASD acquire social skills through observation. The general education setting provides the most appropriate environment for socialization to occur.

SED and Young Children

Although children three years and older may be referred for evaluation and be determined eligible to receive services as a child with an SED, the identification of SED seldom occurs in early childhood and/or preschool settings. A primary reason is that many emotional problems in the 3 to 5 year age range are thought to represent transient reactions to stressful life events, rather than a disorder per se. Rapid developmental changes also make it hard to distinguish normal from abnormal behavior (Gardner & Shaw, 2008). A persistent concern is that a label of SED "over-pathologizes" normal variation, individual differences, transient reactions, and relationship disturbances (Egger and Angold, 2006.)

Therefore, it is especially important that a variety of evidence-based and/or best practice interventions have been attempted in the child's early childhood setting and that progress monitoring demonstrates that the behavior of concern continues to be significantly different than that of peers of the same sex, age and culture before a referral for an eligibility assessment occurs. A Functional Behavioral Assessment is an essential step in planning interventions. Early intervention and prevention efforts are critical for this age group because research suggests that 50-60% of children showing high rates of disruptive behavior at age 3-4 continue to show these problems at school age (Campbell, Shaw, & Gilliom, 2000.)

Family partnering and outreach are also of critical importance with younger children for many reasons. Families may not seek supports and services on their own because they are unsure if their child's behavior is sufficiently different from other children to require help. In other cases, they fear their child will be inappropriately labeled, or they may regard their child's condition as a personal failure (Brauner & Stephens, 2006). The perceived stigma of mental health care can also interfere with help-seeking. On the other hand, family involvement can aid in assessment when young children are unable to communicate well. Furthermore, behaviorally based parent training has been demonstrated to be an effective intervention with this age group. (Gardner, Burton, & Klimes, 2006).

When a clear determination of SED cannot be made using developmentally appropriate diagnostic instruments and procedures, the disability category of "Developmental Delay" may be used for children from three through eight years of age if they are experiencing developmental delays in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development. In this situation, multiple sources of information must be used to determine if the child meets one or more of the following criteria:

1. A score in the seventh percentile or below on a valid, standardized diagnostic instrument (or the equivalent in standard scores) in social or emotional development;

2. Empirical data showing a condition known to be associated with significant delays in development; or

3. A body of evidence indicating that patterns of learning are significantly different from age expectations across settings and there is written documentation by the evaluation team, which includes the parents. (ECEA 2.08 (13) (a) (i – iii)

Evaluations should be done by a team of qualified professionals, using assessments that are age appropriate and result in a body of evidence (i.e., not one tool or method alone) that are based on observations and consistent reports of child behavior in multiple settings (i.e., home and preschool, and by parents, teachers, and other caregivers).

Two resources for screening programs and assessment instruments include: *

- Compendium of Screening Tools for Early Childhood Social-Emotional Development, (Sosna & Mastergeorge, 2005)
- Developmental Screening and Assessment Instruments with Emphasis on Social and Emotional Development for Young Children Ages Birth – Five (Ringwalt, 2008)

*The CDE does not recommend nor endorse the above instruments.

For additional information on screening, assessing, and interventions for social emotional concerns in early childhood populations please refer to the Technical Assistance Center on Social Emotional Interventions (TACSEI) (www.challengingbehavior.org) and the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) (www.vanderbilt.edu/csefel).

For younger students whose behaviors may vary due to transient reactions to stressful life events, care should always be taken that unusual behaviors are not the result of temporary, environmental changes. Cultural factors must also be considered.

Cultural Considerations in Assessing SED

To provide effective interventions and assessments for students' social, emotional, and behavioral needs, schools must implement culturally competent practices within a culturally and linguistically responsive environment. In doing so, it is important to consider a variety of factors that may influence a student's emotions and behaviors, including the family environment, socio-economic status, ethnicity, and level of cultural assimilation/acculturation. Cultural competence includes the ability to recognize when and where cultural issues might be operating and influencing a student's behavior. Such differences are not limited to one's race or ethnicity, but include differences in background, experiences, and life circumstances, as well as values, beliefs, and attitudes. Failure to understand or appreciate cultural differences may prevent effective service delivery (Ortiz, 2006).

A key component of cultural competence is the awareness on the part of the practitioner that one's own culture greatly influences the way in which he or she views both the world and other people. Cultural self-awareness is the first step to improving the ability to work effectively with students from diverse backgrounds. For example, typical North American values emphasize autonomy, individual achievement, mastery, punctuality, progress, and future orientation. An awareness of the extent to which a practitioner identifies with these values may provide assistance in realizing the values that guide one's practice and the way in which one interprets students' behavior. (Lynch, 2004)

Cultural differences must be considered not only when working with students, but with families, as well. Efforts to be aware of a family's cultural background can lead to improvements in home-school partnering and better outcomes for students. Additional factors to consider when partnering with families include linguistic differences and educational background. Such differences in cultural background and experience may impact a student's learning and behavior as well as how certain behaviors are understood and treated. These factors may also affect the likelihood that a family will feel supported by the school and encouraged to advocate for and participate in their child's learning environment (Ortiz, Flanagan, & Dynda, 2008).

NASP provides guidelines to support cultural competence. One such publication includes information on basic counseling skills, intra and inter-personal awareness, cultural competence, cultural literacy, and multicultural intentionality (Best Practices in Multicultural Counseling, 2007). Another publication discusses policies and practices for school personnel to best address the mental health needs of students from diverse backgrounds (Culturally Competent Mental Health Services in the Schools: Tips for Teachers, 2006. In addition, CDE's Toolkit for Learners who are Culturally and Linguistically Diverse has a new module which addresses behavior. It is on the CDE website at http://www.cde.state.co.us/cdesped/CLD.asp.

Importantly, culturally competent practices, when applied to assessments and interventions, can serve to prevent the disproportionate representation of specific groups within the SED category.

An understanding of the economic, political, ecological, social, and historical conditions that play a role in shaping a family's unique cultural patterns will aid in providing an individualized approach to service delivery (NASP Best Practices, 2008).

Developing IEP Goals for Students with SED

Of great concern is the fact that students with SED have the poorest outcomes of any disability category, according to national data (Kaufman, 2004). Therefore, the IEP Team needs to give careful consideration to developing goals for the student with social, emotional, and/or behavioral deficits. For many of these students, academic achievement is also low, and it is anticipated that there will be one or more goals directed at any area of academic weakness. Improvement in academics frequently has a positive impact on behavior. At the same time, it is essential that a minimum of one goal be directed to the behavior(s) of concern. This goal needs to have reasonable time frame for improvement in order to determine whether interventions need to be changed or their intensity increased.

Resources

- Universal Screening Comparison Chart January 2015 (Appendix A)
- SWIS Demo School (Appendix B)
- PaIEP Forms - Prior Written Notice & Consent for Evaluation: https://www.cde.state.co.us/cdesped/iep_forms
- IEP Forms – Disability Categories and Eligibility Criteria; Serious Emotional Disability: https://www.cde.state.co.us/cdesped/iep_forms
- Department of Education Behavior Tools Wkiki: http://cdebehaviortools.pbworks.com/
- Social Maladjustment Topic Brief: https://www.cde.state.co.us/cdesped/topicbrief_sed_socialmaladjustment

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Appendix A

Comparison of Behavior Universial Screening Tools

Comparison of Behavior Universial Screening Tools

Instrument Name	Description	Audience(s)	Constructs Measured	Resource Information
Behavioral and Emotional Screening System (BASC-3 BESS)	Cost: Option 1: $108.60 – BASC-2 Behavioral and Emotional Screening System Preschool Kit (25 each) Option 2: $132.95 – BASC-2 Behavioral and Emotional Screening System Child / Adolescent Kit (25 each) Individual forms and manuals are available at a price ranging from $27.60 – $110.40 BASC-2 ASSIST Software (scoring) - $651.65 **Administration:** 5-10 minutes Teacher Form w/2 levels: • Preschool (3-5 yrs.) • Child/ Adolescent (K-12) Student Self-Report Form w/ 1 Level: • Child/ Adolescent (3rd – 12th grade) Parent Form w/ 2 Levels: • Preschool (3-5 yrs.) • Child/ Adolescent (K-12)	Pre-school – Grade 12	Screening system for measuring behavioral and emotional strengths and weaknesses Constructs measured include 8 clinical scales, 3 composite scales and 2 adaptive scales. These are: **Clinical** Hyperactivity Aggression Anxiety Depression Somatization Atypicality Withdrawal Attention Problems Learning Problems (teacher form) **Composites** Externalizing Internalizing Behavior Symptoms Index School Problems (teacher form) **Adaptive Scales** Adaptability Social Skills Comments: Parent form has reading level of 6 GL, it is available in Spanish. Student reading level is 2 GL	Website: http://www.pearsonclinical.com/education/products/100001402/behavior-assessment-system-for-children-third-edition-basc-3.html?origsearchtext=BASC%203 **Publisher:** • Pearson Educational, Inc. • Authors: • Randy W. Kamphaus, PhD, • Cecil R. Reynolds, PhD **Normative Sample:** Total sample size = 12, 350 Combined – and separate sex norms offered for following age groups: 3, 4-5, 5-9 (8-9 for student form), 10-14, 15-18. Samples matched to U.S. population for race, region, SES (mother's educational level) **Reliability and Validity:** • Split-half estimates range from .90 to .96 across forms and age levels • Test-retest estimates range from .80 to .91 • Inter-rater estimates range from .71 to .83 **Threats to Validity:** • Inadequate attention to item content (carelessness) • Parental/teacher bias • Low desire to complete in a truthful manner • Inability to fully understand (interpretation of questions) **Weaknesses**: • Measures a limited number of psychopathology & personality domains • Its structure makes inter-rater comparisons (between forms) difficult. • Limited validity for preschoolers. • This is an instrument that can be used in Tier 1 of RTI.

Comparison of Behavior Universial Screening Tools

Instrument Name	Description	Audience(s)	Constructs Measured	Resource Information
Behavioral and Emotional Screening System (BASC-3 BESS) ***cont.***				Pros: • Four measures of validity • Tells the team "a little about a lot" in regards to internalizing • and externalizing behaviors. • The computer program offers Easy-to-read charts and has a • multi-rater capability to look at different raters on the same • Chart. Cons: • Subjective, only as good as the raters are. Other information: • The provider needs to use best clinical judgment when Interpreting the results due to the possible biases of the raters • Is only one part of the body of evidence and students should not qualify or qualify solely based on the results of this tool.
BERS2-Behavioral and Emotional Rating Scale 2	Cost: 198.00 Administration: Individual	Ages 5 - 18	• Personal strengths and competencies • Interpersonal strength • Involvement with family • Intrapersonal strength • School functioning • Affective strength • Career strength	**Website:** http://www.proedinc.com/customer/productView.aspx?ID=3430 **Publisher:** Pro*Ed **Normative Sample:** representative of children without disabilities – the teacher rating scale was normed with students having emotional and behavioral disabilities **Reliability and Validity:** Confirmed in over 15 studies – coefficient exceeded .80 in each subtest and .95 in test overall

Comparison of Behavior Universial Screening Tools

Instrument Name	Description	Audience(s)	Constructs Measured	Resource Information
Behavior Intervention Monitoring Assessment System (BIMAS)	34 change-sensitive items that are used for universal screening and for assessing response to intervention. Cost: Manual: $99 Annual Site License $4 ea (minimum purchase, 25) Volume discounts available. (Ranges from $2.50 ea to $4.00 ea.) Administration: 5-10 minutes. Online administration and scoring/reporting. You can send the client a link to their form. Alternately, you can print the forms, and then hand enter the responses or scan responses.	5-18 year olds 12-18 also has a self report The BIMAS uses rating forms for teachers, parents, youth, and clinicians.	**STANDARD VERSION** **Behavioral Concern Scales** – Identify risks • Conduct – anger management, bullying behaviors, substance abuse, deviance • Negative Affect – anxiety, depression • Cognitive/Attention – attention, focus, organization, planning, memory **Adaptive Scales** – Identify strengths and areas for improvement • Social – social, communication • Academic Functioning – academic performance, attendance, attitude in learning **BIMAS FLEX** • Distinct, more specific behavioral items (10-30) for each of the 34 BIMAS Standard form items on the 5 scales • Both positively and negatively worded items to select from • Assessors can customize treatment goals by selecting behaviors of concern and create three-to-five-item mini-assessments for frequent progress monitoring to assess change in behavioral concern or adaptive skills • Assessors can make notes to describe specific behaviors, response to intervention, or to add other information about the student	**Website**: http://www.edumetrisis.com/products/282-bimas-2 **Publisher**: MHS **Normative Sample:** Normative data includes 1,400 teacher, 1,400 parent, and 700 self-report ratings and is representative of the general U.S. population in terms of ethnicity/race, gender, and age (U.S. Bureau of Census, 2000). In addition, over 1,300 clinical cases were collected. **Reliability and Validity:** Convergent Validity on constructs with Conners: .493=.777 Reliability: Internal consistency = .75 to .91; Test-Retest = .79 to .96;

Comparison of Behavior Universial Screening Tools

Instrument Name	Description	Audience(s)	Constructs Measured	Resource Information
Strengths and Difficulties Questionnaire (SDQ)	**Cost:** FREE Measures and scoring criteria downloadable online. **Administration:** Paper pencil for ages 4 through 16. Completed by guardian, teacher, and/or student. Online administration and scoring for ages 11 through 16. Completed by adolescent. A modified version can be used up to age 22 and as young as 2. Follow-up questionnaire to assess impact of behavior. Each survey completed in 5 to 10 minutes.	Ages 2 through 22, most used for ages 4 through 16. Available in English, Spanish, and several other languages.	Emotional Symptoms Conduct Problems Hyperactivity/Inattention Peer Relationship Problems Prosocial Behaviors Impact Supplement Follow-up Questions The predicted five-factor structure (emotional, conduct, hyperactivity-inattention, peer, prosocial) was confirmed. Internalizing and externalizing scales were relatively "uncontaminated" by one another. Reliability was generally satisfactory, whether judged by internal consistency (mean Cronbach α: .73), cross-informant correlation (mean: 0.34), or retest stability after 4 to 6 months (mean: 0.62). SDQ scores above the 90th percentile predicted a substantially raised probability of independently diagnosed psychiatric disorders (mean odds ratio: 15.7 for parent scales, 15.2 for teacher scales, 6.2 for youth scales).	**Website:** http://www.youthinmind.info/py/yiminfo/Start.py?country=usa&language=euk http://www.sdqinfo.com/ http://www.sdqscore.org/Amber **Publisher:** Robert Goodman; Youth in Mind **Normative Sample:** American normative sample; norms also for several other countries. 9,878 children aged 4 to 17 from a randomly chosen sample of 10,367 4,798 females 5,080 males 2,779 aged 4 through 7 2,064 aged 8 through 10 2,770 aged 11 through 14 2,265 aged 15 through 17. 92% had a biological parent/step-parent/adoptive parent report 4.4% had a grandparent report **Reliability and Validity:** Internal consistency: generally satisfactory Test-retest stability mean 0.62 Five-factor structure confirmed. Internal and external scales "uncontaminated"

Appendix B

SWIS Demo School: Intensive Positive Behavior Supports -Tier 3 Intervention Guidelines

SWIS Demo School: Intensive Positive Behavior Supports Tier 3 Intervention Guidelines

Tier 1: School-wide PBIS and Classroom Systems

Who:

- All students
- School-wide PBIS team & all staff
- Classroom teachers (for individual classroom systems)

What:

- Students are held accountable and rewarded for following school-wide rules
- Staff consistently teach and reward expected behaviors
- All staff report and document Minor/ Major behavior problems

How:

- Routines & expected behaviors are taught upfront and practiced daily
- School-wide rewards (e.g. Paw Pats, Spot-on awards, whole-school boosters) and consequences (Office Discipline Referrals fo r Minor/ Major behaviors)
- Individual classroom systems (e.g. Red/Yellow/Green charts, Paw Pat drawings, group incentives, color-spots, individual points, classroom time-out procedures)

Tier 2: Strategic Interventions

Who:

- "Yellow Zone": Students who display ongoing behavior that is disruptive to their own learning or the classroom atmosphere AND that is resistant to school-wide supports
- IPBS team
- Support/ Instructional staff provide interventions daily or weekly

What:

- Group interventions: Strategic interventions are already in place and available for students to join. These may include:
  - Check-in/ Check-out (with standard point card)
  - Check and Connect (adult contact without point card)
  - Social skills groups

How:

- IPBS team may refer for a group/ strategic intervention based on:
  - Office Referral Data
  - Teacher Request (IPBS request form) after classroom interventions are documented
  - Previous years' information/ data review
- Data is collected daily or weekly and reviewed monthly at IPBS meetings

Tier 3: Intensive/ Individualized Interventions

Who:

- "Red Zone": Students with problem behavior that is persistent, escalating rapidly or dangerous AND resistant to strategic supports & classroom systems.
- Student-based team: The student's teacher, family and a "lead" from the FBA team develop the individualized Behavior Support Plan (BSP)
- School-based FBA team: Staff members who are trained in conducting functional behavior assessment and helping to design individualized interventions (BSP); One member of the team leads each student-based team.
- If the student has an IEP, the case manager is usually the FBA team and the IEP team members are usually the student-based team
- District-based expert/ specialists: On occasion may support the school-based FBA team in refining or re-developing a BSP; Based on availability and district approval

What:

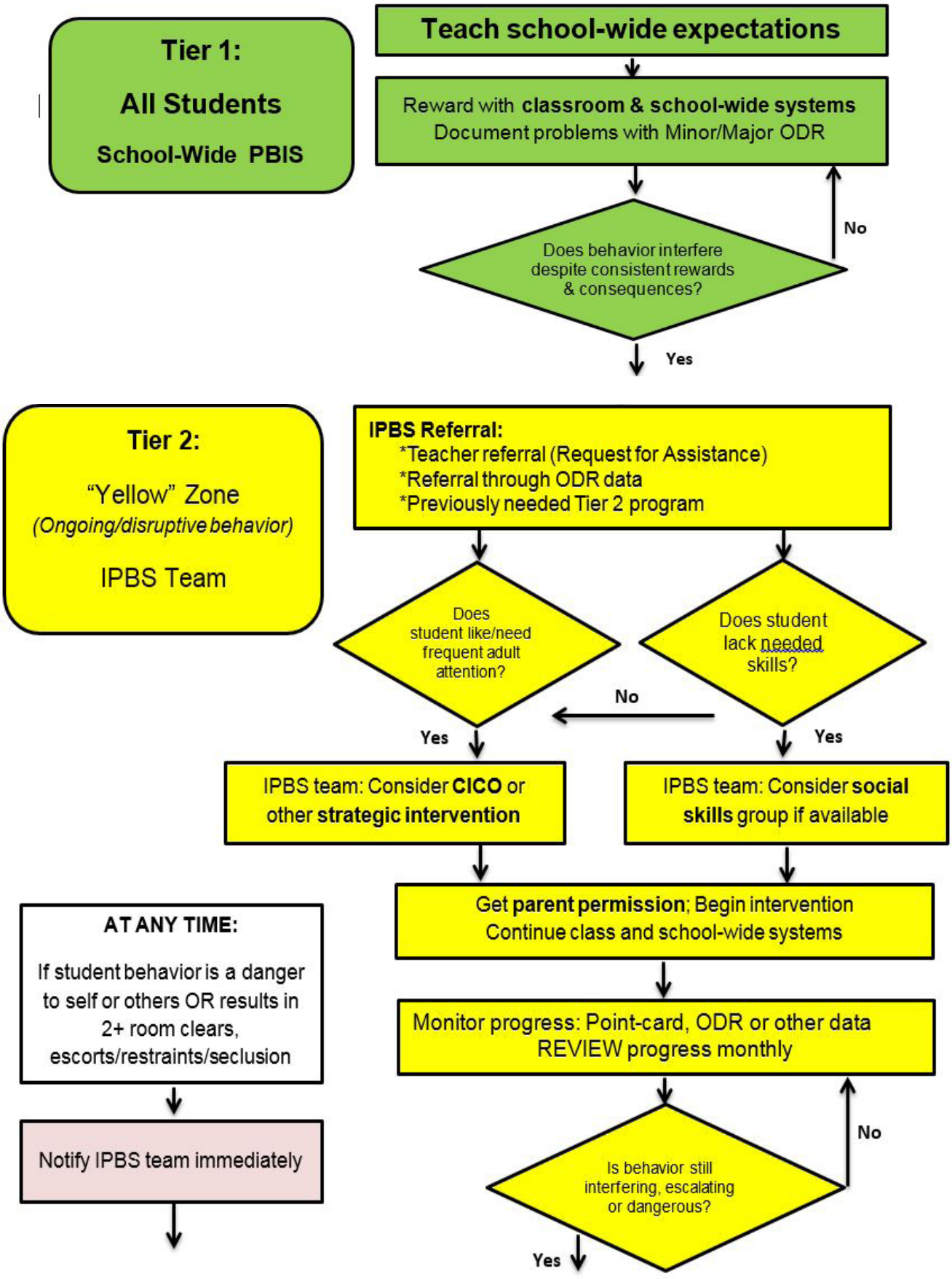
- Functional Behavioral Assessment (FBA): Evaluation of the student's behavior, including antecedents (When and Where the behaviors occur) and maintaining consequences (Why the behavior keeps happening).
- Behavior Support Plan (BSP): A written plan developed by a team; Guides teacher actions, with an emphasis on preventing problem behaviors, teaching replacement behaviors, and rewarding replacement behavior. BSPs are based on the FBA.

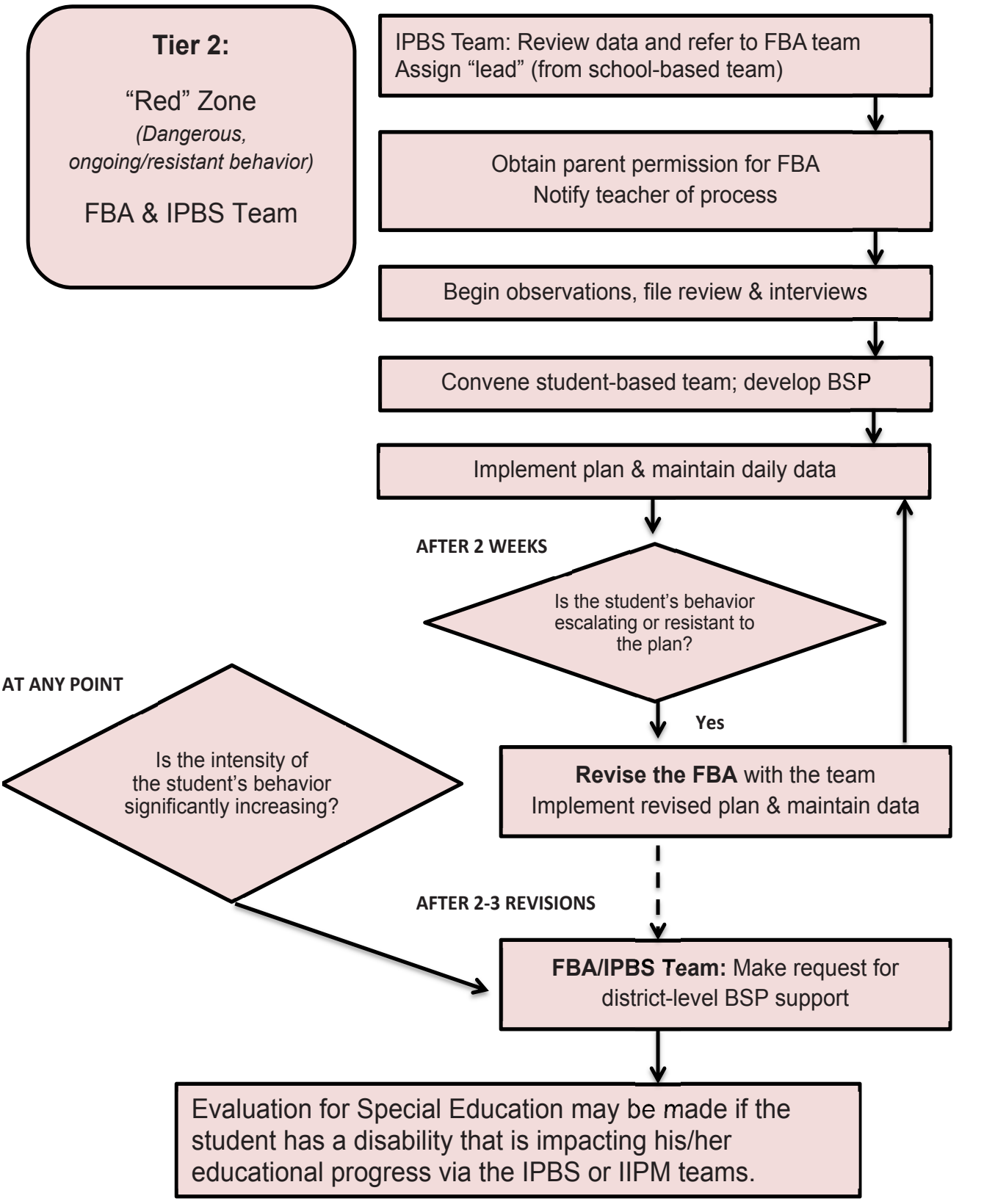
How:

- Referral to FBA/ BSP development made by IPBS team or IEP team
- FBA: May include
  - Teacher interview
  - Parent interview
  - Records/ data review
  - Direct observation of the student
- BSP: Should include
  - Clear descriptions of the problem behavior, antecedents and the function of the behavior
  - Goals and teaching strategies for replacement behavior
  - An emphasis on prevention
  - A reward system that is linked to the function of the problem behavior
  - Clear steps for responding to problem behavior
- Data Collection and Review
  - Data is collected daily (e.g. point cards, tallying incidents)

- After 2-3 weeks plans are reviewed. If student is making progress, continue
- If the student is not making progress, the team may consider
  - Changing the intervention (may do more than once)
  - Requesting FBA district-support (after prolonged period or in urgent situation)

- Evaluation for special education services (if/ when data supports referral)
- Training and Communication:
  - All stakeholders receive training about Tiers 1, 2, and 3 annually. PBIS information in Staff Handbook, Parent Handbook. Specific training for staff and parents of students on Tiers 2 & 3 (materials in ISS Team Handbook). All case managers/BSP coordinators receive training through OIS, district-level BSP, and as-needed coaching by other team members.
  - All BSPs are sent home, given to team members, and kept in a file in the student's room as well as in the Safe Room log (if the child has or might be in office as part of his/her plan).


Tier 1:
All Students
School-Wide PBIS
Teach school-wide expectations
Reward with classroom & school-wide systems
Document problems with Minor/Major ODR
Does behavior interfere despite consistent rewards & consequences?
No
Yes
Tier 2:
"Yellow" Zone
(Ongoing/disruptive behavior)
IPBS Team
IPBS Referral:
*Teacher referral (Request for Assistance)
*Referral through ODR data
*Previously needed Tier 2 program
Does student like/need frequent adult attention?
Does student lack needed skills?
No
Yes
Yes
IPBS team: Consider CICO or other strategic intervention
IPBS team: Consider social skills group if available
Get parent permission; Begin intervention
Continue class and school-wide systems
Monitor progress: Point-card, ODR or other data
REVIEW progress monthly
Is behavior still interfering, escalating or dangerous?
No
Yes
AT ANY TIME:
If student behavior is a danger to self or others OR results in 2+ room clears, escorts/restraints/seclusion
Notify IPBS team immediately


Tier 2:
"Red" Zone
(Dangerous, ongoing/resistant behavior)
FBA & IPBS Team
IPBS Team: Review data and refer to FBA team
Assign "lead" (from school-based team)
Obtain parent permission for FBA
Notify teacher of process
Begin observations, file review & interviews
Convene student-based team; develop BSP
Implement plan & maintain daily data
AFTER 2 WEEKS
Is the student's behavior escalating or resistant to the plan?
Yes
Revise the FBA with the team
Implement revised plan & maintain data
AT ANY POINT
Is the intensity of the student's behavior significantly increasing?
AFTER 2-3 REVISIONS
FBA/IPBS Team: Make request for district-level BSP support
Evaluation for Special Education may be made if the student has a disability that is impacting his/her educational progress via the IPBS or IIPM teams.

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