



LAPEER COUNTY GUIDANCE FOR THE DETERMINATION OF EMOTIONAL IMPAIRMENT

Prepared by the LCISD Emotional Impairment
Guidelines Committee 2012

GUIDANCE FOR THE DETERMINATION OF EMOTIONAL IMPAIRMENT

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Special thanks to:

**Kent Intermediate School District
Char-Em ISD
Wayne RESA**

for sharing their Guidelines for Determining Emotional Impairment.

GUIDANCE FOR THE DETERMINATION OF EMOTIONAL IMPAIRMENT

INTRODUCTION

A team of professionals across Lapeer County developed these revised *Guidance for the Determination of Emotional Impairment*. These revised guidelines are intended to support consistency across the county in identifying, evaluating, and providing service(s) to students with or suspected of having an emotional impairment. Members of this team represent a collective voice from all districts within Lapeer County. The committee examined state and federal law, policies, case law, literature, best practices, and issues facing the identification of students with an emotional impairment.

The purpose of this committee was two-fold: to create guidelines that would aid districts in the determination of an emotional impairment and to promote the implementation and documentation of interventions to support students in the least restrictive environment. Legal mandates dictate and best practice supports the use of pre-referral interventions before considering student eligibility as Emotionally Impaired. (Kovaleski et al, 1999; Hartman and Fay, 1996). These guidelines are aligned with *Individuals with Disabilities Education Act (IDEA 2004)* and the *Revised Michigan Administrative Rules of Special Education (October, 18, 2011)*

GENERAL EDUCATION INTERVENTIONS

Pre-Referral Process

Lapeer County School Districts require a pre-referral process be implemented as an integral part of the referral procedures (Stowitschek et al, 1998). The process should include:

- Identify a problem, collect data, and chart or graph student behavior. (This should include systematic observations, medical information, student record review, parent and teacher input, functioning in the broader community, and investigation of the function of the identified behavior, etc).
- Identify a student's strengths and needs.
- Assess student behavior and academics to determine intervention strategies.
- Implement those techniques with the anticipated outcome of resolving a student's academic/behavioral problems in the general education setting.

This process is to ensure that students are educated in the least restrictive environment as required by *Michigan's Revised Administrative Rules for Special Education* (effective October 18, 2011) and the *Individuals with Disabilities Act of 1997 (IDEA 04)*, and to reduce the frequency of inappropriate referrals to special education (Kovaleski et al, 1999; Bahr et al, 1999; NASDSE, 2005). Therefore, it is imperative that appropriate educational activities, techniques and alternatives are attempted and documented prior to referring a student for special education services (NASP, 1986). To do this, a student should be referred to a student study team (Kovaleski et al, 1999; Bahr et al, 1999; Hartman and Fay, 1996; NASDSE, 2005) or instructional consultation teams (Gravois, 2006).

A student study or instructional consultation team is minimally composed of an administrator, teachers, and related service personnel operating at the local building level (Kovaleski et al, 1999; Hartman and Fay, 1996; Gravois, 2006). Personnel could include but are not limited to, a school social worker, school psychologist, speech & language pathologist, etc. This team is the most effective group to conduct the pre-referral process. Student study teams should include parent participation or input (Kovaleski et al, 1999; Hartman and Fay, 1996). **It is important to remember that information generated during the implementation of this process provides a source of information for the Multidisciplinary Evaluation Team (MET) and the IEP Team to use in determining whether special education services are necessary for an individual student.** All teachers working with the student should be involved in antecedent, behavior and consequence data collection and the intervention process in order to increase student ability to function in general education (Kent ISD, 2003; Curtis, Curtis, and Graden, 1988).

A student suspected of having an emotional impairment should only be referred for a special education evaluation after he/she has been provided with behavioral intervention strategies including a Functional Behavioral Assessment (FBA) and a Behavior Intervention Plan (BIP) appropriate to his/her age and ability levels in general education (Condin and Tobin, 2001). The behavioral intervention strategies should be documented, assessed and modified if needed (Bahr, et al 1999). Appropriate, comprehensive interventions should be implemented for a minimum of **45 school days** (Kent ISD, 2003; Hartman and Fay, 1996). However, the severity of symptoms and the danger they pose for the student and/or others may take precedence over this timeline.

Key Elements to a Good Intervention

Although the order of these elements may vary, personnel working with the student should include the following in promoting student success in the general education curriculum and environment (Kent ISD, 2003):

- Gather information from current and previous teachers regarding implemented strategies and outcomes.
- Gather information from parents/guardians regarding implemented strategies and outcomes.
- Identify relevant medical information or concerns.
- Set your expectations for students within their capabilities. A good intervention should always increase a student's likelihood for success.
- Consider modifying assignments, differentiating instruction and other techniques to assist the student's continued progress with classmates (Curtis, Curtis and Graden, 1988; Knoster, 1998; WCRESA, 2003).
- Document the behavior in question and what staff has done to remediate the problem.
- Target only one or two behaviors at a time. Focusing on more than two behaviors generally results in more frustration and confusion for both the teacher and student.
- State expected behavior and consequences from a strength-based perspective; successful interventions take into account the assets of the individual.
- Implement intervention for a sufficient amount of time to determine effectiveness of the interventions (Hartman and Fay, 1996).
- Be consistent and follow through when implementing interventions and consequences (Knoster, 1998).
- Update interventions as needed (NASDSE, 2005).
- Ensure parent and student participation in creation of interventions and their consequences that are developmentally appropriate.
- Ensure that all team participants understand their roles and responsibilities (Bahr et al, 1999).
- Focus on positive behaviors to increase desired outcomes (Mueller and Larson, 2001).

See LCISD Special Education Website for Additional Resources and intervention strategies: www.lcisd.k12.mi.us/specialed/specialedindex-guidelines.html/.

DETERMINATION OF EMOTIONAL IMPAIRMENT

According to *Michigan Revised Administrative Rules for Special Education (October 18, 2011)*:

R340.1706 Determination of Emotional Impairment

- 1) Emotional impairment shall be determined through **manifestation of behavioral problems primarily in the affective domain, over an extended period of time**, which **adversely affects the student's education** to the extent that the student cannot profit from learning experiences without special education support. The problems result in behaviors manifested by one or more of the following characteristics:
 - a) **Inability to build or maintain satisfactory interpersonal relationships within the school environment.**
 - b) **Inappropriate types of behavior or feelings under normal circumstances.**
 - c) **General pervasive mood of unhappiness or depression.**
 - d) **Tendency to develop physical symptoms or fears associated with personal or school problems.**
- 2) Emotional impairment also includes students who, in addition to the characteristics specified in sub-rule (1) of this rule, exhibit maladaptive behaviors related to schizophrenia or similar disorders. The term "emotional impairment" does not include persons who are socially maladjusted, unless it is determined that the persons have an emotional impairment.
- 3) Emotional impairment does not include students whose behaviors are primarily the result of intellectual, sensory, or health factors.
- 4) When evaluating a student suspected of having an emotional impairment, the multidisciplinary evaluation team report shall include documentation of all of the following:
 - a) The student's performance in the educational setting and in other settings, such as adaptive behavior within the broader community.
 - b) The systematic observation of the behaviors of primary concern that interfere with educational and social needs.
 - c) The intervention strategies used to improve the behaviors and the length of time the strategies were utilized.
 - d) Relevant medical information, if any.
- 5) A determination of impairment shall be based on data provided by a multidisciplinary evaluation team, which shall include a comprehensive evaluation by both of the following:
 - a) A psychologist or psychiatrist.
 - b) A school social worker.

Discussion of Terms Relating to R340.1706 Determination of Emotional Impairment (bolded above):

Manifestation of behavioral problems primarily in the affective domain:

The affective domain includes such areas such as emotional regulation, interaction and response to others, problem solving, ability to work with others, and self-control (anxiety, depression, low self-esteem).

The above behaviors must be observed by school staff and observed by more than one staff member. In addition, these behaviors must be significantly different from his/her peers in generally accepted, age appropriate, ethnic or cultural norms. These behaviors adversely affect performance in such areas as social relationships, academic progress, and classroom behavior (NASP, 2005). Data can be collected through direct observation, interviews, review of school records and data collected by other staff (NASP, 2005).

Over an extended period of time:

This phrase means the student has a history of Emotional Impairment (EI) characteristics that have been exhibited for at least 90 school days (Kent ISD, 2003). However, the severity of certain EI characteristics and the danger they may pose for the student and/or others when they occur, may dictate that professional judgment take precedence over this timeline. If the behaviors have been evident for less than 90 school days, the multidisciplinary evaluation team must indicate a reasonable expectation that the behavioral problems will continue to exist without special education intervention. The reasonable expectation of continued behavioral problems can be written in the MET Present Level of Academic Achievement and Functional Performance (PLAAFP) statement.

Adversely affecting the student's educational performance:

This phrase refers to those EI characteristics, which interfere primarily with academic performance and/or social functioning in the school setting to a marked degree (Kristopher H vs. Washington State Educational Agency, LRP, 2004). This refers to the frequency, duration or intensity of a student's behavior in comparison to peers. The condition must be pervasive (continuing over time and settings) and intense (overt, acute, observable). The adverse effect may be indicated by either reduced work production in the classroom, impaired social functioning or lowered academic achievement.

Private evaluations/DSM-IV-TR diagnoses do not by themselves qualify a student for an educational emotional impairment.

The Four Essential Characteristics of the Emotional Impairment Rule

The following are the four essential characteristics of the Emotional Impairment rule. At least one of the four criteria (R340.1706(1)(a)(b)(c)(d)) is required to be present to establish eligibility.

R340.1706(1)(a)

Inability to build or maintain satisfactory interpersonal relationships within school environment.

Interpersonal relationships refer to a student's actions and reactions to peers and adults in the school environment. Consideration of the student's developmental level is critical under this determination of eligibility. Problem behaviors must be pervasive, generally affecting relationships with teachers and peers and occur over an extended period of time across settings and situations. *Inability* must be differentiated from *unwilling*, despite the provision of targeted social skill interventions.

Examples of specific behaviors that may be used to document the presence of this criterion include, but are not limited to the following:

- Isolates physically and/or verbally from others
- Attempts interaction with peers, but is rejected
- Emotionally unresponsive to people (fixed facial expression, unengaged, no response when spoken to)
- Lacks skills to establish friends in home, school and/or community settings
- Lacks skills to maintain socially appropriate interactive behavior with others
- Lacks skills to interact with a group (difficulty with turn-taking and playing by the rules)
- Verbally or physically aggressive to other students and/or adults
- Alienates others (seeks excessive approval, misperceives others intent, ascribes harmful motives to others, relentless negative remarks to others or about others)

R340.1706(1)(b)

Inappropriate Types of Behaviors or Feelings Under Normal Circumstances

Consideration of emotional impairment would take into account the intensity, duration, and frequency of the behavior in relation to developmental expectations. It is important to consider the developmental level of the student to ascertain what is typical and socially acceptable. For example, younger children often act out their behaviors or feelings through excessive or uncontrollable crying, anger outbursts, or clinginess, whereas an adolescent who exhibits the same behavior lacks developmentally expected skills. This characteristic refers to an extreme over reaction or under reaction to a typical situation.

Criterion (b) places the emphasis on coping with daily situations, and differs from criterion (a) which identifies social skill ability related to interpersonal relationships.

Examples of specific behaviors that may be used to document the presence of this criterion include, but are not limited to the following:

- Over-reacts to everyday occurrences (rage, excessive laughter, hysterics, excessive swearing)
- Demonstrates flat, distorted or excessive affect
- Exhibits self-abusive behaviors
- Exhibits delusions and/or hallucinations (auditory or visual)
- Intrusive or obsessive thoughts and/or compulsive behaviors
- Exhibits inappropriate sexually related behaviors
- Persistently demonstrates immature behaviors when stressed (hurts others, sucks thumb)
- Demonstrates extreme mood swings that vacillate unpredictably from one extreme to another and over which the student has no control
- Fails to accept responsibility for own behavior shown by a tendency to blame others and deny the behavior when confronted with evidence to the contrary

R340.1706(1)(c)

General Pervasive Mood of Unhappiness or Depression

Demonstration of this criterion is pervasive across various settings. A *pervasive* mood of unhappiness is one that negatively impacts a student's ability to function within the school and other settings. A preponderance of data is needed to indicate a general pervasive mood of unhappiness or depression.

Examples of specific behaviors that may be used to document the presence of this characteristic include, but are not limited to the following:

- Decreased or lack of interest or pleasure in previously enjoyed activities
- Expresses excessive guilt and/or self-criticism (feels worthless, guilty about past mistakes)
- Marked change in relationships with peers, adults or family
- Exhibits increased isolation from peers and/or family
- Expresses feelings of extreme sadness or suicidal ideation (preoccupied with death through drawings, poems, journaling)
- Predicts failure or refuses to attempt tasks (projects hopelessness)
- Demonstrates agitation or lethargy (restless, tired, irritable, frustrated, angry)
- Demonstrates activities of self-harm (cutting, self-tattoo, head-banging, fist slam)
- Difficulty concentrating and/or making decisions most of the time (not completing tasks)

Suicidal intent should always be explored when the student appears depressed, displays suicidal ideation or threatens suicide. While such acts do not constitute evidence of emotional impairment per se, it should be a warning sign to be further evaluated. Short-term/situational depression does not guarantee eligibility for an educational emotional impairment. Evaluators should be aware that depression could be co-morbid with a range of disorders such as, anxiety, Attention Deficit/Hyperactivity Disorder (ADHD), Obsessive Compulsive Disorder (OCD), Oppositional Defiance Disorder (ODD), and Conduct Disorder (CD) [Wingenfeld, 2002]. A student's education must be adversely affected to the point where he/she cannot profit from regular learning experiences without special education support.

R340.1706(1)(d)

Tendency to Develop Physical Symptoms or Fears Associated with Personal or School Problems

Psychological or emotional factors could be causing the physical symptoms, or fears that interfere with school performance. Behavior is excessive or unreasonable in proportion to the actual dangerousness of the object, activity or situation. This intense, disabling anxiety often reaches panic proportions when the stressful situation or activity is approached on a regular basis.

Examples of specific behaviors that may be used to document the presence of this criterion include, but are not limited to the following:

- Exhibits extreme fear in response to a specific stimuli (increased heart rate, sweating, shaking)
- Exhibits extreme anxiety (diffuse) not associated with a specific stimuli (unable to make a decision, unable to act, situations avoided or endured with extreme distress)
- Exhibits panic reactions to everyday occurrences
- Intense, disabling anxiety often reaching panic proportions of a feared situation (persistently avoids use of toilet or locker room, avoids school)
- Physical and/or somatic complaints that occur in anticipation of and/or during situations stressful to the student (upset stomach, diarrhea, headache, frequent request to go home because ill)

Under this criterion, there is evidence or a strong presumption that the physical symptoms are linked to psychological factors. This criterion does not include behaviors which are a direct result of alcohol or substance abuse or reactions to recent situational circumstances.

Note: The examples provided within sections (a)-(d) are not exhaustive, but are suggested as behaviors that might fall into the characteristics of the emotional impairment rule. It is important for school personnel to identify pervasive patterns rather than discrete behaviors, and consider behavioral deficits or excesses (too much, too often, too little).

EXCLUSIONARY FACTORS

R340.1706 (3) “Emotional impairment does not include students whose behaviors are primarily the result of intellectual, sensory, or health factors.”

Factors To Consider

The intent of the eligibility criteria is to assure that students will be appropriately assessed (R340.1702). Many factors must be considered as professionals collect information when determining if the student has an emotional impairment. A student may exhibit behaviors consistent with an emotional impairment, which are primarily the result of other factors (**Kent ISD, 2003**).

The Multidisciplinary Evaluation Team (MET) must consider the presence of these other factors. This determination should include screenings and follow-up evaluations by qualified personnel. The results of the screenings/evaluations and the recommendations regarding educational programming must be included in the team’s written report(s). The MET must consider and verify that the behaviors are/are not primarily the result of intellectual, sensory, or health factors.

Intellectual:

The ability/inability to understand and adapt to the expectations of the environment (cognitive ability), i.e. adaptive behavior is commensurate with cognitive ability.

Sensory:

Some examples are visual concerns, hearing concerns, tactile defensiveness, etc.

Health:

May include hypoglycemia, diabetes, sickle cell anemia, parasitic conditions, allergies, Tourette’s syndrome, medication reactions, ADHD, etc.

Social Maladjustment:

(Refer to page 11)

Additional Considerations:

Assessment of the student's behavior should include consideration of the student's:

- Age/developmental level
- Cultural background
- Education/school environment
- Parents'/guardians' value system
- Drug or alcohol use/abuse
- Specific settings in which the behavior occurs

Behavioral differences among students of diverse cultures, environments, and economic status are to be expected. The impact of these differences must be considered when behavior deviating from the norm is identified. If the culture, environment, or economic status is the sole determinant of the student's behavior, the student may not be identified as having an emotional impairment.

34CFR-300.306(b)(1)

Federal regulations under the Individuals with Disabilities Act (IDEA) of 2004, address the following exclusionary factors.

- (a) A child may not be determined eligible under this part if—
- (b) The determinant factor for that eligibility determination is—
 - (1) Lack of appropriate instruction in reading, including the essential components of reading instruction;
 - (2) Lack of appropriate instruction in math;
 - (3) Limited English Proficiency, (LEP).

Information should be gathered regarding the following:

- Verify the adequacy of instruction in reading and math.
- Continued absenteeism or truancy, which significantly interferes with the student's academic and social progress.
- A history of frequent school changes may indicate sufficient reason for integration and adaptation problems for the student (Stowitschek et al, 1998).
- Appropriate instructional and intervention strategies must be implemented in general education (Curtis, Curtis and Graden, 1988).
- Special education eligibility should not be considered without **documented evidence** of strategies and their effectiveness (NASDE, 2005).
- Poor school performance due solely to the lack of student motivation or interest in school may not be indicative of an emotional impairment.
- Mood, behavior, or academic problems related solely to drug/alcohol use and/or abuse may not be indicative of emotional impairment.
- A student, whose primary or home language is other than English, must be assessed to determine the extent of his/her English proficiency. A student with Limited English Proficiency (LEP) must not be considered eligible for special education programs and services based solely on his/her English language skills.

Michigan rule R340.1715(4) indicates that Autism Spectrum Disorder may exist concurrently with other diagnoses or disability. However, a student with Autism Spectrum Disorder cannot meet criteria as a student with an Emotional Impairment.

OVERVIEW OF SOCIAL MALADJUSTMENT R340.1706(2)

The term 'emotional impairment' does not include persons who are socially maladjusted.

The term "social maladjustment" is an educational concept that has not been defined on the federal or state level or found in clinical literature. Therefore, an understanding of this term has been left to individual school districts or local educational agencies (LEAs). A refinement of the concept is derived from a combination of educational literature and practice as well as administrative decisions and court interpretations.

Behaviors that bring a child to the point of referral are often the same whether the child is socially maladjusted and/or has an emotional impairment. The intent of the law is to exclude those children who are **solely** socially maladjusted and not those who also have an emotional impairment. This distinction is not always easy to make. It is essential for the Multidisciplinary Evaluation Team (MET) to determine if the student has an emotional impairment, is socially maladjusted, or both before making its recommendation to the IEP team (**Kent ISD, 2003**).

Definition

"Although there is no commonly agreed upon, clear definition of handicap, there is one notion that is presumably common to all definitions of this term, namely, its involuntary nature" (Clarizio, 1992). Students with an emotional impairment, therefore, are viewed as lacking the ability to control themselves. When we refer to social maladjustment, behavior is viewed as intentional, a distinguishing feature between social maladjustment and emotional impairment.

Social maladjustment is conceptualized as a conduct problem. A federal district court accepted a definition of social maladjustment as "a persistent pattern of violating societal norms...a perpetual struggle with authority, easily frustrated, impulsive and manipulative." (Doe v. Sequoia Union High School District [N.D. Cal. 1987]). Although these students are capable of behaving appropriately, they intentionally choose to break rules and violate norms of acceptable behavior. Socially maladjusted students view rule breaking as normal and acceptable. They do not take responsibility for their actions and often blame others for their problems.

Behavior for the socially maladjusted student is motivated by self-gain and strong survival skills. "...they often engage in purposeful acts designed to garner attention, to intimidate others for material gain, to control turf, or to avoid responsible behavior" (Clarizio, 1992). Most demonstrate a lack of age appropriate concern for their behavior and its effects on others. They lack empathy. Anxiety is generally not related to the misbehavior of socially maladjusted students, unless it is due to the fear of consequences. There is little remorse demonstrated for the actual misbehavior.

In addition, socially maladjusted youth display behavior which may be highly valued within a small subgroup, but which may not be within the range of culturally permissible behavior. Socialized or unsocialized forms of aggression may be a feature of social maladjustment.

Social maladjustment, an educational term, is often interchanged with different clinical terms. Features of social maladjustment are identified in certain psychiatric/psychological conditions. In a clinical view, social maladjustment includes those disorders that, by their very nature, tend to manifest in an externalized response. These are most commonly referred to as Conduct Disorder, Oppositional Defiant Disorder, or Antisocial Disorder. Administrative decisions and court cases have treated these disorders and social maladjustment as the same for purposes of eligibility determinations (Clarizio, 1992; Kelly, 1993; Slenkovitch, 1986).

In making a differential diagnosis, clinical criteria may be available to the Multidisciplinary Evaluation Team (MET). Disorders typically viewed as internalizing, such as affective disorders, elective mutism, separation anxiety disorder, **may** indicate emotional impairment, whereas, disorders viewed as

externalizing, such as conduct disorders or oppositional disorder, may indicate social maladjustment. When making a differential diagnosis it is extremely important to remember that the external behavior may look the same but the underlying reason, etiology and intent of the behavior may be very different (Clarizio, 1992; Kelly, 1993).

The DSM-IV-TR is a separate clinical diagnostic system. It does not include categories of emotional impairment or social maladjustment. The diagnosis provided under the DSM-IV criteria does not guarantee eligibility for special education. For example, it is possible for a student who is eligible under the special education guidelines for emotional impairment and a student who is found to be solely socially maladjusted to each have a DSM-IV diagnosis in common such as Oppositional Defiant Disorder. **It is incumbent upon the Multidisciplinary Evaluation Team to apply educational, not clinical, criteria in making the eligibility recommendation.**

Examples of characteristics that may be used to document the presence of social maladjustment include, but are not limited to the following:

- Extensive peer relationship within a select peer group (clique of people with shared values)
- Exploits others with charm or intimidation in order to achieve ends (bullies, threatens, extorts)
- Generally reacts to situations with appropriate affect but lacks appropriate guilt (insincerity, “I stole that item because it is overpriced”)
- Refuses to admit mistakes even when caught in the act (blatantly denies behavior)
- Generally inflated positive self-concept (narcissistic, “rules don’t apply to me”)
- Lack of empathy and little remorse (casts behavior as the victim even though they are the perpetrator, “I didn’t hurt him that bad.”, “He deserved it.”, “I warned him.”)
- Ignores anyone who tries to alter their socially-acceptable behavior (rejects feedback, support, correction, re-direction)
- Chooses wrong, even though understands right from wrong (violates code of conduct, deliberately destroys property, breaks laws)
- Rationalizes behavior and minimize impact of non-violent acts (cheats, lies, steals)

Note: In considering this exclusionary factor, it is important to recognize that intentionality requires a level of cognition and developmental maturity which is typically beyond the capacity of young children.

Students with a social maladjustment rebel against rules and regulations while demonstrating knowledge of such rules, and have the intellectual ability to conform to them. They may show a lack of interest in school programs through high levels of truancy, tardiness, and/or low school achievement (Wayne County RESA, 2001).

Students may be found eligible under the rules for emotional impairment if they meet the characteristic of “an inability to build or maintain satisfactory interpersonal relationships within the school environment”. However, the existence of interpersonal conflicts or difficulties does not in itself determine emotional impairment. Students with a social maladjustment often violate the rights of others (not necessarily with overt aggression) and are in conflict with those in positions of authority. Furthermore, many of the relationships of these students are characterized by a lack of true empathy, and are viewed as emotionally shallow. In seeking to meet their own needs, such individuals tend to be egocentric and manipulative of others. They have a tendency to blame others in conflict situations.

The following chart of characteristics is designed to assist in distinguishing students with social maladjustment from those students who have an emotional impairment. A student would not need to present with all of the listed characteristics to be considered as having an emotional impairment, a social maladjustment, or both.

Common Characteristics and Rating Scale

The characteristics listed below can also be used to aid in making a differential diagnosis. Place a mark beneath each set of characteristics to indicate which set most closely describes the student.

EI=Emotional Impairment

SM=Social Maladjustment

GENERAL AREA OF FUNCTIONING	CHARACTERISTICS OF EMOTIONAL IMPAIRMENT	CHARACTERISTICS OF SOCIAL MALADJUSTMENT
School Behavior	Seen as unable to comply; inconsistent achievement; expects help or has difficulty asking for help.	Seen as unwilling to comply; generally low achievement; excessive absences; rejects help; callous disregard for rights/needs of others.
	EI <input type="checkbox"/>	<input type="checkbox"/> SM
Attitude Toward School	School is a source of confusion and anxiety; often responds to structure.	Tends to dislike school except as a place for social contacts; rebels against rules and structure
	EI <input type="checkbox"/>	<input type="checkbox"/> SM
School Attendance	Misses school due to emotional issues or psychosomatic issues.	Chooses to be truant.
	EI <input type="checkbox"/>	<input type="checkbox"/> SM
Educational Performance	School is a source of confusion and anxiety; often responds to structure in the educational program; achievement is often uneven; attention and concentration are impaired by anxiety/depression/emotion.	Tends to dislike school except as a place for social contacts; frequently truant; rebels against rules and structure; frequently avoids school achievement, even in areas of competence.
	EI <input type="checkbox"/>	<input type="checkbox"/> SM
Peer Relations	Ignored or rejected	Generally accepted by socio-cultural group.
	EI <input type="checkbox"/>	<input type="checkbox"/> SM
Type of Friends	Younger or no real friends	Companions may be part of delinquent sub-culture, same age or older; may be liked by peers.
	EI <input type="checkbox"/>	<input type="checkbox"/> SM
Perception by Peers	Bizarre or odd.	Cool; tough; delinquent; charismatic.
	EI <input type="checkbox"/>	<input type="checkbox"/> SM

EI=Emotional Impairment

SM=Social Maladjustment

GENERAL AREA OF FUNCTIONING	CHARACTERISTICS OF EMOTIONAL IMPAIRMENT	CHARACTERISTICS OF SOCIAL MALADJUSTMENT
Social Skills	Poorly developed; difficulty reading social cues.	Well attuned; well developed.
	Ei <input type="checkbox"/>	<input type="checkbox"/> SM
Interpersonal Relations	Inability to establish and maintain social relationships; avoidance of people or severely withdrawn behavior; wants friendships but can't seem to maintain.	Extensive peer relationships within a select peer group; exploitative and manipulative; lack of honesty in relationships, frequently lying; may be able to exploit others with charm in order to achieve ends.
	Ei <input type="checkbox"/>	<input type="checkbox"/> SM
Physical Presence	Awkward; "goofy", clumsy; may be uncomfortable with physicality.	Smooth; agile; could also be clumsy or uncomfortable with physicality.
	Ei <input type="checkbox"/>	<input type="checkbox"/> SM
Group Participation	Withdraw; unhappy	Out-going.
	Ei <input type="checkbox"/>	<input type="checkbox"/> SM
Interpersonal Dynamics	Often is characterized by a pervasively poor self-concept; often overly dependent or impulsively defiant; is generally anxious, fearful; mood swings from depression to high activity; frequent inappropriate affect; frequent denial and confusion; often distorts reality without regard to self-interest.	Tends to be independent and appears self-assured; generally reacts toward situations with appropriate affect but lacks appropriate guilt (underdeveloped conscience); may show courage, even responsibility and imagination, but toward socially unacceptable ends; often blames others for his/her problems, but otherwise is reality oriented; demonstrates knowledge of social expectations in school and chooses not to conform to those expectations.
	Ei <input type="checkbox"/>	<input type="checkbox"/> SM
Adaptive Behavior	Consistently poor	More "situation" dependent.
	Ei <input type="checkbox"/>	<input type="checkbox"/> SM
Aggression	Hurts self or others as an end.	Hurts others as a means to an end.
Anxiety	Tense; fearful.	Appears relaxed; "cool"
	Ei <input type="checkbox"/>	<input type="checkbox"/> SM

EI=Emotional Impairment

SM=Social Maladjustment

GENERAL AREA OF FUNCTIONING	CHARACTERISTICS OF EMOTIONAL IMPAIRMENT	CHARACTERISTICS OF SOCIAL MALADJUSTMENT
Emotional Well-being	Limited capacity for pleasure, rarely experiencing truly satisfied feeling; may experience depression, suicidal ideation, self-mutilation and the like.	Generally inflated positive self-concept.
	EI <input type="checkbox"/> ↔ <input type="checkbox"/> SM	
Conscience Development	Self-critical; unable to have fun; guilty and remorseful.	Little remorse; pleasure seeking; lacks empathy; knows right from wrong but chooses wrong.
	↔	
Reality Orientation	Fantasy; naïve; gullible; may have thought disorder, hallucinations and the like.	"Street-wise".
	EI <input type="checkbox"/> ↔ <input type="checkbox"/> SM	
Developmental Appropriateness	Inappropriate for age.	Appropriate for age or above; "more socially mature".
	EI <input type="checkbox"/> ↔ <input type="checkbox"/> SM	
Risk Taking	Avoids risks.	Prone to thrill seeking behavior.
	EI <input type="checkbox"/> ↔ <input type="checkbox"/> SM	
Response to Consequences	Tries to comply but may not be able to.	Ignores anyone who tries to alter socially unacceptable behavior.
	EI <input type="checkbox"/> ↔ <input type="checkbox"/> SM	
Rules	"Doesn't get it".	"Gets it" but chooses to violate rules; violates the law deliberately.
	EI <input type="checkbox"/> ↔ <input type="checkbox"/> SM	
Motivation of Behavior	Fear and flight; anxiety.	Power and control.
	EI <input type="checkbox"/> ↔ <input type="checkbox"/> SM	

Adapted from: Wayne County Regional Educational Service Agency (2001). Social Maladjustment: A guide to Differential Diagnosis and Educational Options

ASSESSMENT TOOLS

Evaluation Procedures

34CFR§300.532 *Each public agency shall ensure, at a minimum, that the following requirements are met...* (f) No single procedure is used as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child. (g) 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. (h) In evaluating each child with a disability under §300.531-300.536, the evaluation is sufficiently comprehensive to identify all of the child's special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified. (i) The public agency uses technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors. (j) The public agency uses assessment tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the child.

General Guidelines for Selection of Tests and Tools

When considering the use of diagnostic tests in the evaluation of students suspected of having an emotional impairment, it is important that the test user be knowledgeable of established federal standards for assessment, as well as what is considered Fair Testing Practices in Education. Projective tests do not meet reliability and validity standards necessary to make eligibility recommendations. For a list of assessment tools, consult with your school's evaluation team.

The Federal Guidelines and *The Code of Fair Testing Practices in Education* can be found by visiting their website at: www.apa.org/./fairtestcode.htm. The following is a summary from the key documents:

Federal Standards

According to Federal Regulations (34CFR§300.532) [the document can be found in its entirety by visiting the following website: <http://ecfr.gpoaccess.gov> ; click on Title 34 for "Education", when evaluating a person suspected of being disabled, the public agency shall assure that tests and other evaluation materials used by members of the multidisciplinary team comply with the following provisions.

- Are administered by trained personnel in conformance with the instructions provided by their producer.
- Are validated for the specific purpose for which they are used.
- Are designed to assess specific areas of educational need and not merely to provide a general intelligence quotient.
- Are reflective of the person's aptitude or achievement or whatever other factors the test purports to measure rather than reflecting the person's impaired sensory, manual, or speaking skills, unless this is what the test is intended to measure.
- Are selected and administered so as to not be racially or culturally discriminatory.

The "Code of Fair Testing Practices in Education" was initially developed by the Joint Committee on Testing Practices (JCTP). JCTP in 2004 adopted a statement of the primary obligations that professionals who develop or use educational tests have toward test takers. The Code provides guidance separately for test developers and test users in three critical areas:

- A. Developing and Selecting Appropriate Tests
 1. Test users should select tests that meet the intended purpose and that are appropriate for the intended test takers.
 2. Evaluate evidence of the technical quality of the test provided by the test developer and any independent reviewers.

- B. Administering and Scoring Tests
1. Test users should administer and score tests correctly and fairly, following established procedures for administering tests in a standardized manner.
 2. Provide and document appropriate procedures for test takers with disabilities who need special accommodations or those with diverse linguistic backgrounds.
 3. If test scoring is the responsibility of the test user, provide adequate training to scorers and ensure and monitor the accuracy of the scoring process.
- C. Reporting and Interpreting Test Results
1. Test users should report and interpret test results accurately and clearly.
 2. Avoid using tests for purposes other than those recommended by the test developer unless there is evidence to support the intended use or interpretation.
 3. Avoid using a single test score as the sole determinant of decisions about test takers. Interpret test scores in conjunction with other information about individuals.

Test Selection Considerations

For norm referenced tests to be considered technically adequate, they must meet certain criteria:

- **Sampling:** The normative sample should be commensurate with the percentage of people who comprise each geographic area of the United States, ethnicity, sex, socioeconomic level and residency (e.g., urban rural). A minimum of 100 subjects should represent each age and/or grade level. The test should also be current (e.g., standardization within the last 10 years).
- **Reliability:** In general terms, reliability points to the degree to which a test is free of error. The test's reliability is reflected in its test-retest reliability, internal consistency, and alternate form reliability. A reliability coefficient of .90 or higher should be considered when selecting a test.
- **Validity:** Whether a test measures what its authors or users purport it to measure, is evaluated in terms of content validity, concurrent validity, and construct validity. Content validity refers to whether the test items are representative of the behavior domain being measured and whether there are enough items to accurately and thoroughly assess this domain. Concurrent or criterion-related validity refers to the ability of one test to assess a skill and produce results similar to that of another reputable test measuring the same skill.

Multicultural/Bilingual Assessment: Whenever possible, a test should be administered in the student's dominant language. The practice of translating assessment batteries word-for-word is not a valid practice and compromises the test's reliability. Standardized tests remain biased in favor of the native language in which they were normed. Due to these concerns, interpretations of deficits and disabilities must be done cautiously when making reference to an instrument used that was not administered in the student's dominant language.

User Qualifications

- Federal Standards (§300.532(2)cii) clearly indicate that tests must be "administered by trained personnel and knowledgeable of the tests in accordance with the instructions provided by their producer".
- Each individual must decide whether his or her formal academic training and supervised experience provide the necessary background and knowledge to use a particular instrument successfully and in a way that will not harm the student or the outcome of an evaluation.

- A person who does not meet the established requirements should work in conjunction with someone who does meet these criteria.
- Training needed to effectively administer and interpret tests may come in any of the following formats: completed graduate coursework relevant to testing/assessment, supervised in-service training in psychological test administration/interpretation, and/or completed workshops relevant to testing/assessment.
- The test user must be aware of and comply with state regulations regarding user qualifications.
- The test user must be able to communicate test results as they impact student progress, and offer strategies to improve student performance.

Suggested Tests

Psychologists and school social workers were surveyed within Lapeer County Intermediate School District to gather information on what type of tests were being used when evaluating a student suspected of having emotional impairment. The evaluation instruments listed in the appendix reflect a sample of those instruments being used. **It is the responsibility of the test user to determine his or her level of qualifications according to the guidelines set by the test producer.**

When selecting an unfamiliar test, the user should consider reviewing information provided by the Buros Institute's *Mental Measurements Yearbook and Tests in Print*.

Evaluation Process

An evaluation for Emotional Impairment begins with a review of existing data. Minimally, the IEP team should have existing information from records, current and past teachers, parents and the student, current classroom observations, and knowledge of previously attempted interventions and their effects.

Information Required	Assessment Tools
<p>Performance in the school setting and adaptive behavior within the broader community</p> <p>Information is needed to determine whether the student demonstrates pervasive emotional difficulties. The difficulties cannot be situational in nature. Information regarding other settings is needed to gain insight into the student's overall emotional functioning.</p>	<ul style="list-style-type: none"> • Teacher interview & report • Parent & student interview • Behavior rating scales • Adaptive behavior scales • Attendance history • Discipline history
<p>School-related Abilities and Performance</p> <p>Achievement levels are needed in order to determine how the suspected disability may impact the student's performance in the general curriculum. A review of the data over time may indicate impact of the student's behavior. Cognitive measures used to assess learning profiles may be utilized.</p>	<ul style="list-style-type: none"> • Academic and/or Cognitive Assessment: <ul style="list-style-type: none"> • Curriculum-based • Norm referenced • Report cards • Class work, grades
<p>Systematic observation of primary behaviors that interfere with educational and social needs</p> <p>MET members will directly observe and document student performance in multiple observations in both structured and less-structured settings to identify areas of strength and need.</p>	<ul style="list-style-type: none"> • Systematic observation • Informal observation
<p>Intervention strategies used to improve behavior</p> <p>This information is needed to consider if appropriate learning opportunities (e.g. behavioral supports in general education) have been provided prior to evaluation. It is also important to consider the fidelity, quality, and duration of interventions that have been provided for the student and the student's response to those interventions.</p>	<ul style="list-style-type: none"> • Functional behavior assessment • Positive behavior support and intervention plan • Teacher report • Intervention Log
<p>Educationally relevant medical information</p> <p>Health conditions and clinical interventions may affect a student's behavior. A thorough review of the medical history is critical for considering other causes of behavior.</p>	<ul style="list-style-type: none"> • Medical record reviews • Cumulative record review • Teacher & Parent Interview • Vision & hearing Screenings
<p>Information from parents</p> <p>Parent information should include medical history, patterns of behavior, past performance in school, interpersonal relationships of student, developmental milestones, and other agency or outside support services.</p>	<ul style="list-style-type: none"> • Parent interview • Agency reports • Checklists • Questionnaires

Professional Judgment

The evaluation process is designed to assure that students are properly evaluated and determined eligible as a student with an emotional impairment. The multidisciplinary evaluation team must always be cognizant that behavioral symptoms may be caused by health factors. When there is reason to suspect or knowledge of the presence of mental illness or a health condition, eligibility could be met under either emotional impairment or other health impairment. The responsibility of the multidisciplinary evaluation team is to recommend the eligibility that best describes the student's behavior. However, as stated in Michigan, a student with autism spectrum disorder cannot meet criteria as a student with an emotional impairment.

MULTIDISCIPLINARY EVALUATION TEAM (MET)

Definition/Purpose

R340.1721a Evaluation Procedure *Each student suspected of having a disability shall be evaluated by a multidisciplinary evaluation team. R340.1701b(b) “multidisciplinary evaluation team” means a minimum of two persons who are responsible for evaluating a student suspected of having a disability. The team shall include at least one special education teacher or other specialist who has knowledge of the suspected disability.*

34CFR§300.536 Reevaluation *Each public agency shall ensure-...(b) That a reevaluation of each child in accordance with §300.532-300.535, is conducted if conditions warrant a reevaluation, or if the child’s parent or teacher requests a reevaluation, but at least once every three years.*

The MET is a group of persons who have the responsibility of evaluating or reevaluating a student with a suspected disability. A comprehensive assessment may vary from situation to situation depending on age, physical condition, nature of presenting problem, etc. Evaluations must determine the presence or absence of an emotional condition and the manifestation of behavioral problems that adversely affect the student’s educational performance over an extended period of time (Kent ISD, 2003).

Process for MET

The information gathered by the evaluation team is compiled and considered in light of the unique characteristics of the individual student and how it relates to that student’s school performance in accordance with the criteria set forth in state and federal law. The parent(s) and relevant professionals discuss the implications of the information gathered through the assessment process.

34CFR§300.534 Determination of eligibility *(a) Upon completing the administration of tests and other evaluation materials – (1) A group of qualified professionals and the parent of the child must determine whether the child is a child with a disability, as defined in §300.7;(2) the public agency must provide a copy of the evaluation report and the documentation of determination of eligibility to the parent.*

Personnel Required for Emotional Impairment Recommendation

R340.1706(5) Emotional Impairment determination *(5) a determination of impairment shall be based on data provided by a multidisciplinary evaluation team, which shall **include a comprehensive evaluation** by both of the following:*

(a) A Psychologist or Psychiatrist,

(b) A School Social Worker

Roles of Participants

General and/or Special Education Teacher: To provide specific **written** information regarding the student’s performance in the academic, behavioral and social areas indicating the student’s strengths and weaknesses. Written information for an initial referral is included in the *Initial Referral for Special Education* form and for a redetermination through the *Teacher Report* form.

School Social Worker (required evaluation): To provide a comprehensive report, including a social history, indicating the student’s social and emotional functioning and its impact on the student’s academic performance. The School Social Worker will employ appropriate methodology and may use assessment instruments.

Psychologist or Psychiatrist (required evaluation): To provide a report utilizing valid and reliable diagnostic techniques and assessments, including enough information to determine that the behaviors are primarily the result of emotional difficulties.

Parent: To provide detailed information on the student’s history of behaviors, current social and behavioral functioning outside of school and medical or support services being provided to the

student (NASDSE, 2005). Reasonable efforts must be made to gain the parent(s) participation vs. input in the MET, however a MET can be held without the parent in attendance, as the parent is not a required MET member for recommending eligibility.

Information Required for Determination of Emotional Impairment

R340.1706(4) *When evaluating a student suspected of having an emotional impairment, the multidisciplinary evaluation team report shall include documentation of all of the following:*

- (a) The student's performance in the educational setting and in other settings, such as adaptive behavior within the broader community.*
- (b) The systematic observation of the behaviors of primary concern which interfere with educational and social needs.*
- (c) The intervention strategies used to improve the behaviors and the length of time the strategies were utilized.*
- (d) Relevant medical information, if any.*

Ability/Achievement: The student's cognitive functioning is necessary in looking to other possible explanations for behaviors. Achievement levels are needed in order to determine how the suspected disability may impact the student's education. They are also used to determine the starting point of instruction.

Performance in the school setting and adaptive behavior within the broader community: This information is needed to determine whether the student demonstrates pervasive emotional difficulties. The difficulties cannot be situational in nature. Information regarding other settings is needed to gain insight into the student's overall emotional functioning. A minimum of two evaluation instruments should be used, one of which should be a normed instrument. Consideration should be given for using evaluation instruments from varying perspectives (teacher, student, parent). The teacher should contribute information in the form of a questionnaire or interview. The student interview should include the student's perception of the concern, the student's perception of how and when it occurs, and the degree the student perceives being in control. The parent interview includes parent concerns and factors that influence behavior within the home and community.

Systematic observation of primary behaviors that interfere with educational and social needs: A MET member must directly observe and document a student's performance in at least two different settings. The systematic observation is an objective and organized means of gathering data. The behavior should be described in a manner that clearly communicates its frequency, duration, and intensity. It should record only factual and unbiased data. The student should be compared to a control student or to the class in general. The written observation report should include:

- a. Date, time of day, and length of observation
- b. Setting – classroom, playground, large or small group
- c. Task – subject area, direct instruction, independent work
- d. Observed behavior in relation to teacher – arguing, refusing, talking out, etc.
- e. Observed behavior in relation to task – refusing, lack of completion, etc.
- f. Observed behavior in relation to peers – not interacting, teasing, fighting, etc.
- g. Statement of classroom factors contributing to behaviors observed
- h. Statement of successful interventions used

Intervention strategies: This information is needed to consider if appropriate learning opportunities (e.g. behavioral supports in general education) have been provided prior to evaluation. It is also important to consider the interventions that have been provided for the student and the student's response to those interventions.

Educationally relevant medical information: Medical conditions and medical interventions such as medications may affect a student's behavior. A thorough review of the student's medical history is critical for considering other causes of behavior.

Information from parents: The parent(s) information should include familial issues, medical history, current and past behaviors, past performance in school, interpersonal relationships of student, birth history, developmental milestones, and other agency or outside support services. The parent's information should include the parent's perception of the concern, the history of the behavior, birth and developmental history, and home/community factors that might be influencing behavior.

Participant Signatures: The minimum required participants for an Emotional Impairment MET include a Psychologist or Psychiatrist and a School Social Worker and a General Education Teacher.

Additional Supporting documents and tools for evaluators can be found on the following website:

Lapeer County ISD – Special Education - Guidelines - Behavior

<http://www.lcisd.k12.mi.us/specialed/specialedindex-guidelines.html>

Analysis of Data: Comparison to Eligibility Criteria - EI

Student _____ Date _____

Purpose of Chart: This tool may be used by school teams for guidance to compare social, emotional, or behavioral concerns to eligibility criteria, including the adverse impact of the behavior to performance in the general education setting.

Michigan Rule Criteria	Comparison to Emotional Impairment Criteria			
	Developmentally Typical	Mild	Moderate	Severe
Manifestation of Behavior	<input type="checkbox"/> Behavior within expected range of peers	<input type="checkbox"/> Behavior somewhat different than peers	<input type="checkbox"/> Behavior moderately different than peers	<input type="checkbox"/> Behavior drastically different than peers
Problems Primarily in the Affective Domain: exclusionary factors	<input type="checkbox"/> Not primarily the result of cognitive limitations or learning factors	<input type="checkbox"/> Not primarily the result of sensory or health factors	<input type="checkbox"/> Not primarily the result of communication factors	<input type="checkbox"/> Not primarily the result of socially maladaptive factors
Behaviors over an Extended Period of Time: 90 school days	<input type="checkbox"/> Behavior occurred once in a year's time <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Behavior occurs a few times per year <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Behavior occurs at least monthly or weekly for at least 90 school days <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Behavior occurs multiple times in a week or daily for at least 90 school days <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Adverse effect on Educational Performance in the educational setting	<input type="checkbox"/> No interference	<input type="checkbox"/> Mild interference due to documented general education strategies for at least 90 school days which resulted in behavioral improvement	<input type="checkbox"/> Moderate interference persists despite documented general education strategies implemented with fidelity for at least 90 school days which result in temporary or minimal behavioral improvement	<input type="checkbox"/> Severe interference persists despite documented general education strategies implemented with fidelity for at least 90 school days
Problems Primarily in the Affective Domain: exclusionary factors	<input type="checkbox"/> Not primarily the result of cognitive limitations or learning factors	<input type="checkbox"/> Not primarily the result of sensory or health factors	<input type="checkbox"/> Not primarily the result of communication factors	<input type="checkbox"/> Not primarily the result of socially maladaptive factors

Analysis of Data: Comparison to Eligibility - EI
 ↓ Continue on Next Page ↓

Differentiation of Criteria for Emotional Impairment: (a) (b) (c) and/or (d)				
Michigan Criteria -continued	Developmentally Typical	Mild	Moderate	Severe
(a) Inability to build or maintain interpersonal relationships within the school environment: Emphasis on the quality of social interactions	<input type="checkbox"/> Interpersonal relationships within the school environment are developmentally appropriate	<input type="checkbox"/> Interpersonal relationships within the school environment differ <i>mildly</i> from developmentally appropriate expectation	<input type="checkbox"/> Interpersonal relationships within the school environment differ <i>moderately</i> from developmentally appropriate expectation	<input type="checkbox"/> Interpersonal relationships within the school environment differ severely from developmentally appropriate expectation
(b) Inappropriate types of behaviors or feelings under normal circumstances: Emphasis on behavior in typical situations	<input type="checkbox"/> For the situation, behavior or expression of feelings are within the range of expectations	<input type="checkbox"/> For the situation, behavior or expression of feelings are a mild <input type="checkbox"/> Over reaction <input type="checkbox"/> Under reaction	<input type="checkbox"/> For the situation, behavior or expression of feelings are a moderate <input type="checkbox"/> Over reaction <input type="checkbox"/> Under reaction	<input type="checkbox"/> For the situation, behavior or expression of feelings are a severe <input type="checkbox"/> Over reaction <input type="checkbox"/> Under reaction
(c) General pervasive mood of unhappiness or depression	<input type="checkbox"/> Moods are typical for age and circumstances	<input type="checkbox"/> Moods of unhappiness occur a few times per year. <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Mood of unhappiness occur at least monthly or weekly for at least 90 school days <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Moods of unhappiness occur multiple times in a week or daily for at least 90 school days <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
(d) Tendency to develop physical symptoms or fears associated with personal or school problems	<input type="checkbox"/> Physical symptoms or fears are typical for age and circumstances	<input type="checkbox"/> Physical symptoms or fears occur a few times per year <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Physical symptoms or fears occur at least monthly or weekly for at least 90 school days <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Physical symptoms or fears occur multiple times in a week or daily for at least 90 school days <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Differentiation of the four criteria of emotional impairment: One or more must be present	<input type="checkbox"/> (a) Behavior(s): _____ <input type="checkbox"/> (b) Behavior(s): _____ <input type="checkbox"/> (c) Behavior(s): _____ <input type="checkbox"/> (d) Behavior(s): _____			
Impact on the ability to access the general curriculum	<input type="checkbox"/> Progressing in the general curriculum as expected for grade	<input type="checkbox"/> Mild delay in progress in the general curriculum as expected for grade	<input type="checkbox"/> Moderate delay in progress in the general curriculum as expected for grade	<input type="checkbox"/> Severe delay in progress in the general curriculum as expected for grade

* Following careful analysis of BOTH pages of this document, a recommendation for special education eligibility may be considered **only** when the adverse impact on educational performance is Moderate or Severe. Typically three or more boxes would be checked in the Moderate and/or Severe categories. Professional judgment is required. A preponderance of data is needed to determine the extent of the concern and the adverse impact on educational performance.

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