

SPECIAL EDUCATION IN NORTH DAKOTA

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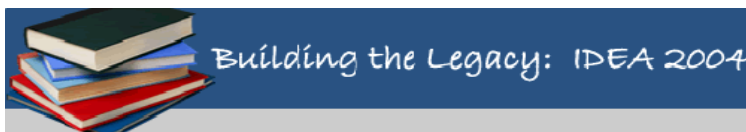
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NORTH DAKOTA DEPARTMENT OF
PUBLIC INSTRUCTION

Guidelines for Serving Students with Emotional Disturbance in Educational Settings



United States Department of Education, Office of Special Education Programs (OSEP)

The Department of Public Instruction appreciates the time and effort spent by the task force members in contributing to the development of this guidance document.

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Special Note

“Unless otherwise specified, citations to “section” or “sec.” are citations to federal regulations implementing IDEA found in the Code of Federal Regulations at 34 CFR Part 300, which consists of 34 CFR secs. 300.1 through 300.818 and appendices A through E.”

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Section I. Introduction and Purpose of the Guidelines

The number of students identified under IDEA with an emotional disturbance (ED) has remained remarkably stable over the last 30 years. During this time, approximately 1% of the school-aged population has been identified as disabled under the criteria set forth in IDEA (Kim, Forness, & Walker, 2012). When looking at all students served in special education under IDEA, students with ED comprise roughly 6% of the total population. From approximately 2003–2012, the trend in identification actually showed a decrease in the number of students identified as having ED (National Center for Educational Statistics, 2015). If this is true, why do schools feel increasing pressure to effectively address students' emotional and behavioral needs?

In North Dakota, the December 2015 Child Count revealed that 6% of all students identified as having a disability under IDEA were found to be eligible under the category of emotional disturbance. The trend in North Dakota has shown a slight increase in the number of students identified with ED in recent years, but overall this population has remained stable.

Identification Rates vs. Prevalence Rates

Identification rates, such as the 6% of all students with disabilities in North Dakota who are identified as having an emotional disturbance under IDEA on the 2015 Child Count, excludes many students who experience an emotional or behavioral disorder. Many of these students exhibit challenging behaviors; however, they have yet to meet the threshold of eligibility under IDEA as a student with ED. Often, these students may have clinical diagnoses and are considered in the clinical world to be a student with an emotional or behavioral disorder.

The concept of prevalence of emotional and behavioral disorders originates from clinical studies that estimate the number of students who may have met—or do meet—clinical criteria for an emotional or behavioral disorder. Prevalence rates may be considered in two forms:

1. **Point Prevalence-** includes students who meet criteria for a least one psychiatric disorder at the time of contact/assessment.
2. **Cumulative Prevalence-** includes all students who, at some point in their school career prior to graduation, met criteria for a particular psychiatric disorder.

Point prevalence of emotional and behavioral disorders is estimated to be about 12% of the total school population. Cumulative prevalence is estimated to be about 25% of the total school population (Kim, Forness, & Walker, 2012). Actual prevalence may be somewhere between the two.

While the existence of a psychiatric diagnosis does not signify eligibility for special education under IDEA as a student with ED, the estimates of point prevalence and cumulative prevalence suggest a much greater impact on schools and classrooms than the current identification rate for ED under IDEA. Given the cumulative presence data, the pressure felt by schools to effectively address students' emotional and behavioral, and academic needs is indeed very real. Multi-Tier System of Supports (MTSS) is a framework for a system approach for all students who experience emotional, behavioral, and academic challenges.

Outcomes for Students with Emotional Disturbance

Outcomes for students with emotional disturbance are of great concern. These students tend to exhibit pervasively low academic performance and educational attainment (Villareal, 2015). They score below nondisabled peers in all academic subject areas across all grade levels (Bradley, Henderson, & Monfore, 2004), and have lower academic achievement than other high incidence disabilities (e.g., SLD) under IDEA (Wagner & Cameto, 2004). They are less likely to complete high school and be employed than their nondisabled peers in the general population (Wagner & Newman, 2012). In addition, these students often struggle to live independently (Blackorby & Wagner, 1996), and are more likely to be involved with the criminal justice system (Marder, Wagner, & Sumi, 2003). These long-term outcomes suggest that greater attention must be given to the educational placement and services provided to students who meet the criteria for ED under IDEA.

The ***Guidelines for Serving Students with Emotional Disturbance in Educational Settings*** is intended to serve as a resource for IEP teams looking to comprehensively address the needs of this population of students.

The purpose of these guidelines is to:

- Update previous guidance on serving students with ED;
- Clarify eligibility criteria for ED to promote consistent understanding and application in identification practices;
- Promote consistency in evaluation procedures that are culturally sensitive and non-biased, and yield results that assist with determining eligibility and the development of effective educational programming;
- Provide suggestions to school-based practitioners on evidence-based practices and strategies to improve academic and behavioral outcomes for students with ED;
- Provide guidance to IEP teams on placement procedures, which include a focus on necessary supports and services in the least restrictive environment (LRE); and
- Identify state and national resources for educators that support school-based programming, as well as family and community supports that will contribute to improved outcomes for students with ED.

Section II: What is an Emotional Disturbance?

The previous discussion of prevalence would suggest that students who present with behavioral and emotional challenges that impact their ability to learn and experience social success in the school and community comprise more than the 1% of all school-aged students who are identified under IDEA as having an emotional disturbance. Certainly, all students who demonstrate problem behaviors in the school setting, even those who may have a psychiatric diagnosis (e.g., Attention Deficit Hyperactivity Disorder, Obsessive Compulsive Disorder, or Oppositional Defiant Disorder) do not necessarily meet the criteria to be identified under IDEA as a student with an emotional disturbance. So, what is an emotional disturbance? For the purpose of these guidelines, the relevant definition/eligibility criteria for use in North Dakota public schools is established in **34 CFR §300.8(4)(i)** of IDEA regulations.

34 CFR §300.8 (4)(i)	Emotional Disturbance means:
	<p>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:</p> <ul style="list-style-type: none">A. An inability to learn that cannot be explained by intellectual, sensory, or health factors.B. An inability to build or maintain satisfactory interpersonal relationships with peers and teacher.C. Inappropriate types of behavior or feelings under normal circumstances.D. A general, pervasive mood of unhappiness or depression.E. A tendency to develop physical symptoms or fears associated with personal or school problems. <p>Emotional disturbance includes schizophrenia. The term does not apply to students who are socially maladjusted, unless it is determined that they have an emotional disturbance.</p>

Therefore, in order to establish that a student is eligible for special education and related services under IDEA, the multidisciplinary team (MDT) must document the presence of one or more of the characteristics listed, as well as meet the qualifying conditions or limiting criteria of:

- Over a long period of time;
- To a marked degree; and
- Adversely impacts a child's educational performance.

MDT members are those individuals who—because of their expertise and special knowledge of the student—are able to observe, gather data, and assess any and all aspects of the student's functioning that may be impacted by the suspected disability of emotional disturbance. While the number of individuals who constitute the MDT may vary depending on student needs, typically the team will include:

- Parents/Guardians of the student- Provide critical information for understanding the scope of a student's needs.
- Special education teacher or other special education providers- Contribute expertise in conducting and interpreting assessments in the suspected area of disability. When multiple areas of disability are suspected, individuals with knowledge of those areas must be included.
- General education teacher- A key member of any MDT, given their involvement in intervention activities and their knowledge of the student's ability and level of functioning within the general education curriculum. The general education teacher is the individual most capable of providing classroom data on the instructional implications of the suspected disability.
- An individual who can interpret the instructional implications of evaluation results- This team member links assessment findings to the student's ability to function in the general education classroom—often a role filled by the school psychologist.

- Other individuals with specific expertise (counselor, behavior therapist, speech language pathologist, mental health professional, etc.) May be included based on the individual student's needs as identified through the intervention process. Where appropriate, outside agency personnel, private providers, and others with important information regarding the student may be included as members of the MDT.

The judgment of an individual's behavior may vary, depending on who is observing the behavior and in what context that behavior occurs. As a result, interpretation of the criteria may tend to be more subjective rather than objective, which potentially leads to under-identification or misidentification with another IDEA category. In order to interpret the criteria for emotional disturbance in a way that promotes consistency in identification practices across the state of North Dakota, a number of questions emerge, such as:

- What is a "long period of time"?
- What is meant by "to a marked degree"?
- What is meant by "adversely affects a child's educational performance"?
- What is an "inability to learn"?
- What are "intellectual, sensory, or health factors"?
- What is meant by an "inability to build or maintain satisfactory interpersonal relationships with peers and teachers"?
- What are "inappropriate types of behavior"? ...what are "normal circumstances"?

In the interest of consistent application of the criteria by MDTs, it is important to establish a shared understanding of these subjective questions.

The Challenge of Identification: Defining the Criteria for Objective Application

Qualifying a student as eligible for special education under the criteria for emotional disturbance is one of the more complex challenges faced by MDTs. Consistent application of the criteria—leading to proper identification of students in this category—requires guidance on interpreting the language of the criteria.

MDTs should address specific documentation as it considers eligibility under the category of emotional disturbance. To determine eligibility, MDTs should:

- Determine if the student has an emotional condition by identifying one or more of the qualifying characteristics; then

Qualifying Characteristics:

- Inability to learn that cannot be explained by intellectual, sensory, or health factors;
 - Inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
 - Inappropriate types of behavior or feelings under normal circumstances;
 - Pervasive mood of unhappiness or depression; or
 - Tendency to develop physical symptoms or fears associated with personal or school problems.
- Determine that the characteristic(s) meet the qualifying conditions and limiting criteria.

Qualifying Conditions/Limiting Criteria:

- Have an adverse effect on education performance;
- Occur over a long period of time; and
- Occur to a marked degree (severity).

The following guidance will help MDTs address questions suggested by the criteria and understand the nature of the characteristics. MDTs can consider the task in 3 distinct steps:

1. Identify the presence of one or more of the characteristics of emotional disturbance.
2. Determine whether the characteristic(s) has been present for a long period of time and to a marked degree.
3. Determine whether the characteristic(s) has an adverse effect on educational performance.

(Adapted from: CT, Guidelines for Identifying and Educating Students with Emotional Disturbance, 2012; CO Guidelines for Determining Eligibility for Special Education Students with Serious Emotional Disturbance, 2013.)

Step 1: Has the student been exhibiting any of the five characteristics that define the condition?

Five Characteristics that Define Emotional Disturbance:

For MDTs to identify a student as having an emotional disturbance, one or more of the following characteristics must be present, and it must be persistent and generalized over time and various environments.

- 1. The student exhibits an inability to learn, which cannot be explained by intellectual, sensory, or health factors.**

The presence of this characteristic requires documentation that a student is failing to learn despite the use of instructional strategies, tiered and targeted interventions, and support services. *Inability to learn* should be interpreted as having significant difficulties learning in the general education environment despite the interventions attempted, and comes after consideration of cultural, social, and linguistic factors that may be present.

The assessment process should be comprehensive and differential in establishing a student's inability to learn. In other words, MDTs should be able to rule out other potential primary reasons for the suspected disability, such as intellectual disability, speech and language impairment, autism spectrum disorder, specific learning disability, sensory impairments (hearing and vision), traumatic brain injury, neurological impairment, or other medical conditions. Should MDTs find that any of the previous conditions exist as the primary cause of the student's inability to learn, then the student may be determined to be eligible under that category of disability. However, this does not rule out emotional disturbance as a secondary disability, given the existence of emotional and behavioral problems with any of the stated conditions.

It is important to understand that a student with an emotional disability may demonstrate discrepant academic achievement due to anxiety, pervasive depression, and/or distortion of reality. Underlying thoughts and feelings may manifest themselves in overt behaviors such as disorganization, quitting or giving up easily, issues with retaining material, or achievement scores that fall significantly below grade level expectations. Therefore, students' thoughts, feelings, and behaviors should be assessed for their contribution to an *inability to learn*, under non-special education conditions, as part of any comprehensive evaluation for an emotional disturbance.

MDTs will want to address questions such as these:

- Does the student's intellectual ability appear average or near average?
 - Does the student's hearing and vision appear normal or corrected to near normal?
 - Does the student's physical health appear normal or near normal?
 - Does the student appear motivated to learn?
- What does the family observe at home and in the community?

2. The student exhibits an inability to build or maintain satisfactory relationships with peers and teachers.

The presence of this characteristic requires that MDTs have documentation that the student struggles with initiating or maintaining satisfactory relationships with peers and teachers in multiple settings, at least one of which is educational. Documentation must describe a pervasive inability to develop relationships with others across settings and situations that include more than one teacher, peer, or peer group.

What, then, are *satisfactory relationships*? This term is defined by abilities such as showing sympathy, warmth, and empathy toward others; establishing and maintaining friendships; being appropriately assertive; and working or playing independently at developmentally appropriate levels. These abilities are observable in interactions with both peers and teachers. This characteristic should go beyond the student who has a conflict with a certain teacher or peer—it is more pervasive in nature. Examples of unsatisfactory student behaviors under this characteristic include:

- Physical or verbal aggression;
- A lack of affection or disorganized/distorted emotions toward others;
- Demands for constant attention from others;
- Withdrawal from social interactions.

In sum, the criteria for this characteristic require that the student's behavior negatively impacts his/her ability to interact with others. It should be noted that various disabilities may result in a student demonstrating a need for social skill development, which can be systematically taught. The existence of a lack of social skills alone as the result of a disability does not make a student eligible under the category of emotional disturbance.

MDTs will want to address questions such as these:

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

3. The student exhibits inappropriate types of behavior or feelings under normal circumstances.

MDTs must present documentation that a student's inappropriate behavior or feelings differ significantly from what is expected—given the student's age, gender, and culture—across multiple environments. These behaviors may range from being withdrawn, defiant, or bizarre through external, acting-out, or aggressive type behavior.

Behaviors or feelings that might be considered inappropriate under normal circumstances may include, but are not limited to:

- Limited or excessive self-control;
- Low frustration tolerance, emotional overreactions or impulsivity;
- Difficulty with self-regulation;
- Limited premeditation or planning;
- Limited ability to predict consequences of behavior;
- Rapid changes in behavior or mood;
- Socially inappropriate behaviors;
- Excessive dependence and over-closeness;
- Inappropriate rebellion and defiance;
- Low self-esteem and/or distorted self-concept.

It is important to recognize that some students express their inappropriate behavior through confused verbalizations, fantasizing, being preoccupied with emotional conflict in artwork, writing, etc. Developmental norms that provide for comparisons with peers in similar circumstances can aid in the determination of whether behaviors are inappropriate or unusual.

This characteristic also includes any behaviors that are bizarre or psychotic, such as compulsions, hallucinations, preoccupations, delusions, ritualistic body movements, or severe mood swings. Once such behaviors are determined to significantly deviate from expected norms, MDTs will determine whether such behaviors are due to an emotional condition. A student's behavior does not have to be bizarre or dangerous to meet this characteristic. The important question for MDTs is whether a student's reactions to everyday experiences are considered appropriate in relation to how the student's peers would react. The Office of Special Education Programs (OSEP) defines "inappropriate behavior under normal circumstances" as behavior that is "atypical" for the student, and for which "no observable reason exists." In this context, a student running away from a stressful situation would not qualify as "inappropriate behavior."

What, then, are *normal circumstances* or normal conditions? MDTs should consider whether the student's home or school life has been disrupted by changes, stressful events, or unexpected events. This evidence does not necessarily disqualify a student from consideration under this category, but rather contributes to the team's understanding of the circumstances.

Therefore, MDTs must address three elements of this characteristic to meet the criteria:

- Are the behaviors significantly different from peers?
- Are they due to an emotional condition?
- Do they occur under normal circumstances?

MDTs will want to address questions such as these:

- Does the student withdraw to the point that school participation is obstructed?
- Does the student exhibit aggression to the point that school participation is obstructed?
- Does the student 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 student engage in self-injurious behavior?
- Does the student appear oriented in time and place?
- Does the student display extreme changes or shifts in mood or rage reactions?
- Does the student exhibit flat, blunted, distorted, or excessive affection?
- Does the student overreact emotionally, or laugh or cry inappropriately?
- Does the student demonstrate excited behaviors, such as unexplained euphoria, racing thoughts, or excessive agitation?
- Does the student demonstrate limited self-control?
- What does the family observe at home and in the community?
- Does the student have a history of trauma that is currently being manifested in emotional problems?

4. The student exhibits a general, pervasive mood of unhappiness or depression.

MDTs must document that a student's unhappiness or depression is occurring in most, if not all, of their life situations. This pattern must be evident and consistent over a "long period of time." MDTs should also recognize that symptoms of depression are often displayed differently in children, adolescents, and adults (Sharp & Lipsky, 2002), and may differ by gender as well (Bailey, Zauszniewski, Heinzer, & Hemstrom-Krainess, 2007). This pattern should neither be temporary or a response to a life situation (e.g., parental divorce, death of a family member, military deployment) or medical condition. To meet this criterion, the student must demonstrate actual symptoms of depression.

Typical characteristics of depression or unhappiness may include, but are not limited to:

- Depressed or irritable mood most of the time (e.g., feeling sad or appearing tearful);
- Diminished interest or pleasure in daily activities;
- Significant and unexpected changes in weight or appetite;
- Insomnia or hypersomnia nearly every day;
- Fatigue or diminished energy nearly every day;
- Feelings of worthlessness or excessive or inappropriate guilt;
- Diminished ability to think/concentrate or indecisiveness nearly every day;
- Recurrent thoughts of death or suicidal ideation; and
- Symptoms of anxiety, such as worries, trouble relaxing, tension, and/or fear that something terrible will happen.

("Diagnostic and Statistical Manual of the American Psychiatric Association," Fifth Edition, 2013)

Mood disorders are outlined in the DSM and may be used by appropriate staff in the school setting as a resource, but only by qualified professionals such as a licensed psychologist or clinical social worker for the purpose of diagnosis and treatment. A DSM diagnosis of a mental disorder is not required for special education eligibility under IDEA. Therefore, MDTs should not consider eligibility contingent upon the existence of a DSM diagnosis.

MDTs will want to address questions such as these:

- Does the student exhibit inattentive behavior, ruling out attention problems, to the point that school participation is obstructed?
- Does the student exhibit agitation?
- Does the student exhibit depressed mood and social withdrawal?
- Has the student lost interest in activities, pastimes, or social relationships that were previously enjoyed?
- Does the student display major changes in eating patterns or visible changes in weight?
- Does the student demonstrate a lack of energy and appear frequently fatigued or overtired?
- Does the student demonstrate changes in sleep patterns, including insomnia or oversleeping?
- Does the student exhibit a diminished ability to think or concentrate, such as memory difficulties that are not associated with a thought disorder?
- Does the student demonstrate irritability?
- Does the student express feelings of worthlessness or hopelessness?
- Does the student have suicidal ideation?
- What does the family observe in the home and in the community?

5. The student exhibits a tendency to develop physical symptoms or fears associated with personal or school problems.

MDTs must include documentation that the student exhibits physical symptoms or fears associated with school or personal life. These physical symptoms develop as a reaction to emotional problems and have no known medical cause. Biological or medical conditions such as allergies, neurological syndromes, and side effects of medication must be ruled out. Given that physical reactions to stress and tension may be common, MDTs must demonstrate that these physical symptoms and fears are excessive and chronic, impacting school and/or personal life.

Physical symptoms or fears may include, but are not limited to:

- Headaches;
- Gastrointestinal problems (nausea, stomachaches, cramps, vomiting);
- Cardiopulmonary problems (racing heart rate, tremors, hyperventilating);
- Incapacitating feelings of anxiety, often accompanied by trembling, hyperventilating, or dizziness;
- Panic attacks characterized by physical symptoms—for example, when an object, activity, individual, or situation cannot be avoided or is confronted;
- Involuntary behaviors such as tics, eye blinking, or unusual vocalizations;
- Persistent and irrational fears of particular objects or situations; and
- Intense fears or irrational thoughts related to separation from parents.

School phobia, often referred to as separation anxiety disorder, or generalized anxiety may fit this characteristic. In this case, MDTs must differentiate between school phobia and truancy.

MDTs will want to address questions such as these:

- Does the student work independently?
- Does the student work well in groups with other students?
- Does the student have frequent physical complaints?
- Does the student have frequent requests to visit the nurse's office?
- Does the student display physical reactions that appear linked to stress, such as sweating palms, nervous tremors, or increased heart rate?

- Does the student complain of physical problems without known medical cause, such as headaches, nausea, stomachaches, cramps, or vomiting?
- Does the student have persistent and/or irrational fear of specific objects, situations, or activities that result in compulsive or avoidance behaviors?
- Does the student exhibit hypervigilant behavior to the point that school participation is obstructed?
- Does the student 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 student worry excessively about school performance to the point where physical complaints are evident and/or result in the inability to perform?
- Does the student express fear of going to school or refuse to attend school?
- For younger students, does the child react negatively when separated from his/her caregiver to the point where school participation is obstructed?
- What does the family observe at home and in the community?

Once the specific characteristic(s) of the emotional condition have been determined, MDTs must address the limiting criteria of time and severity.

Step 2: Has the student been exhibiting any of the five characteristics that define the condition for a long period of time and to a marked degree?

- a. **Long period of time:** This standard is not precisely specified. The literature often says a period of several months is appropriate. The intent of the language is to avoid identifying a student as emotionally disturbed who may be temporarily reacting to a traumatic event in their life. In addition to the time requirement, the characteristic(s) must be evident across various environments (not limited to a specific context).
- b. **Marked degree:** This is the qualifying condition of severity and requires that the behavioral problems are significant and have been apparent to a number of school staff members who observe/interact with the student in a variety of settings and situations. The student's behavior should be compared with that of their appropriate peer group and MDTs should decide whether or not the behavior(s) or emotions exhibited are more frequent or more severe than would typically be expected of peers of the same age, gender, and cultural group.

If the MDT determines these characteristics are present, and have existed for a long period of time and to a marked degree, the focus turns to the impact on education performance.

Step 3: Is the student's educational performance adversely affected?

A necessary condition for MDTs decisions regarding eligibility will be documentation that the student's educational performance is adversely impacted as a result of the observed school-related behaviors and/or affective reactions. While this adverse impact on educational performance may suggest a difference between students' academic performance and that of their same-age peers, the definition of educational performance is not limited to academics.

Note: OSEP, Letter to Clark, March 8, 2007

"Educational performance, as used in the IDEA and its implementing regulations, is not limited to academic performance."

Adverse impact on educational performance, therefore, is not solely based on discrepancies in age or grade level academic performance. MDTs must consider whether the emotional disturbance has an adverse impact on all areas of school functioning, including:

- Academic;
- Social/emotional;
- Cognitive;
- Communication;
- Vocational; and
- Independent living skills.

Therefore, adverse impact may be demonstrated through, but not limited to:

- Behavioral difficulties;
- Impaired or inappropriate social relations;
- Impaired work skills, such as disorganization or tardiness; and
- Difficulty following school rules.

Evidence of adverse effect on educational performance will not be a function solely of test scores, but must include consideration of overall school performance and recognition of discrepancies in actual and expected performance in the areas of functioning listed above.

Emotional Disturbance includes Schizophrenia

The reference to schizophrenia in the federal definition of emotional disturbance is an example of a psychiatric (medical) diagnosis of a serious emotional disorder. While this diagnosis may include the defining characteristics of emotional disturbance under IDEA, a student with such a diagnosis would still need to meet the limiting criteria as defined by IDEA, specifically:

- Is the student's performance adversely affected?
- Has the student been exhibiting the condition for a long period of time and to a marked degree?

Special Considerations with Emotional Disturbance: Socially Maladjusted

The IDEA definition of emotional disturbance excludes students who may be socially maladjusted, unless they are determined to be emotionally disturbed. "Social maladjustment" is not defined in IDEA and there is no agreed upon, officially recognized definition.

Social maladjustment is generally considered to include "conduct problems" where students consciously choose not to conform to socially acceptable rules and norms. Social maladjustment may be operationalized as "a pattern of engagement in purposive antisocial, destructive, and delinquent behavior" (Merrell & Walker, 2004). Students who are socially maladjusted typically consider themselves to be normal and capable of behaving appropriately and following school norms. What distinguishes the socially maladjusted student is the feature of volition—these students make conscious choices to violate rules and norms, and they view these choices as acceptable and normal.

Students with emotional disturbance and social maladjustment may display many similar characteristics, which complicates the task of MDTs in excluding students who are socially maladjusted from identification as emotionally disturbed. In reality, a student who demonstrates only characteristics of social maladjustment should not be identified as ED under IDEA.

However, a student who demonstrates characteristics of social maladjustment should not be excluded from identification as ED if that student also meets the criteria for emotional disturbance. Assessment of social and emotional function is considered best practice by MDTs when making eligibility decisions and trying to rule out students who demonstrate only the characteristics of social maladjustment. As noted by McConaughy and Ritter (2008), “once ED criteria are met, any evidence of social maladjustment is irrelevant for purposes of determining eligibility for special education.”

The following table looks at some common characteristics between students who are socially maladjusted and those who may have an emotional disturbance.

<i>Common Characteristics</i>	
Social Maladjustment	Emotional Disturbance
Social Relationships	
1. Peer relationships are usually intact. Often unsympathetic and remorseless in relation to others.	1. Peer relationships are often short-lived, a source of anxiety, and chaotic.
2. Often a member of a subculture group that is antisocial.	2. Tends to have difficulty establishing or maintaining group membership.
3. Often skilled at manipulating others; frequently quarrelsome.	3. Often alienated because of the intensity of the need for attention or the bizarreness of ideas and/or behaviors.
4. 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.	4. Conflict and tension often characterizes relationships.
Interpersonal Dynamics	
1. Often displays a positive self-concept, except in school situations.	1. Often characterized by a pervasively poor self-concept.
2. Tends to be independent and appear self-assured. Often displays charming, likeable personality.	2. Often overly dependent or impulsively defiant.
3. Lacks appropriate guilt; may show courage or responsibility but often toward undesirable ends. Generally reacts to situations with appropriate affect.	3. Is generally anxious, fearful; mood swings from depression to high activity. Frequently has inappropriate affect or may react to situations with inappropriate affect.
4. Often blames others for his or her problems, but otherwise is reality oriented.	4. Frequent denial and confusion; often distorts reality with regard to self-interest.
5. Often a risk taker or “daredevil.”	5. Resists making choices or decisions.
6. Substance abuse more likely with peers.	6. Substance abuse more likely individually.

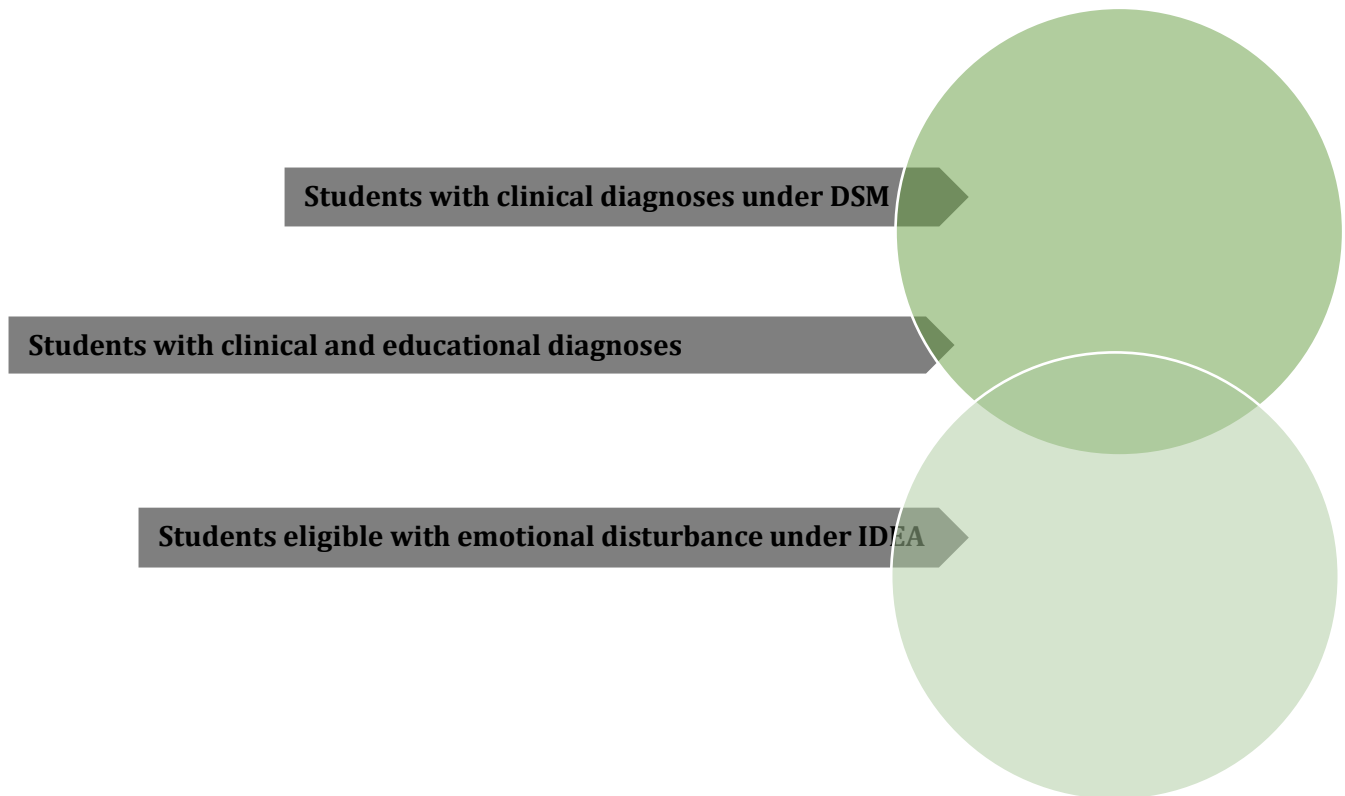
Educational Performance	
1. Tends to dislike school except as a place for social contacts.	1. School is often a source of confusion and anxiety.
2. Frequently truant.	2. Truancy related to somatic complaints.
3. Frequently avoids school achievement, even in areas of competence.	3. Achievement is often uneven.
4. Tends to rebel against rules and structure.	4. Often responds well to structure in the educational setting.

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

Clinical Versus Educational Identification of Emotional Disturbance

MDTs must consider any information on a student’s clinical diagnosis. Diagnoses from the DSM (American Psychiatric Association, 2013) may be relevant when identifying a student with an emotional disturbance; however, the existence of a DSM diagnosis does not automatically qualify a student as emotionally disturbed under IDEA. MDTs must ultimately establish both the presence of the characteristic(s) as well as the “need” for special education, demonstrated through an “inability to learn.”

The prevalence of students with emotional and behavioral disorders (DSM diagnoses) and the prevalence of students identified with an emotional disturbance under IDEA may be represented by the following diagram:



Typical clinical diagnoses that do not automatically qualify a student as emotionally disturbed may include, but are not limited to:

- Oppositional Defiant Disorder
- Conduct Disorder
- ADHD
- Depression
- Anxiety Disorders

While a smaller set of students with clinical diagnoses may meet IDEA criteria for ED identification, the existence of a clinical diagnosis is not required for determining eligibility under IDEA. A clinical diagnosis is only one piece of information considered by MDTs.

Comorbidity and Emotional Disturbance

Emotional disturbance is frequently a comorbid condition with a number of other clinical diagnoses and/or IDEA eligible categories. Comorbidity refers to the simultaneous presence of two or more conditions in an individual student. MDTs may have to consider and rule out other disabilities as the primary disability that has the greatest impact on the student's access to education.

Comorbidity with Emotional Disturbance

- Other health impairment, primarily ADHD
- Conduct Disorder
- Oppositional Defiant Disorder
- Specific learning disability
- Intellectual disability
- Autism spectrum disorders
- Speech and language disability

When a MDT encounters comorbid conditions with a given student, it must determine which category of disability has the greatest impact on the student's ability to access their education, and thus be considered the primary disability. With respect to comorbidity between autism spectrum disorders (ASD) and emotional disturbance, if the issues that most impact educational performance relate more to emotional disturbance, then, by definition, that student cannot meet the criteria for the educational determination of ASD. However, if the issues that most significantly impact education performance relate to ASD, then it is possible for the student to also meet the educational eligibility criteria for an emotional disturbance. The National Association of School Psychologists (2005) suggests practitioners give primary consideration to "the impact of behavior on the student's educational progress as the guiding principal for identification."

Challenges when Educating Students with Emotional Disturbance

Students who meet the IDEA criteria for emotional disturbance may exhibit a wide variety of needs for consideration by the IEP team as it develops an appropriate program. Challenges may include:

- Academic deficits
- Social skill deficits
- Speech and language deficits
- Cognitive factors, such as slower processing speed

- Self-regulation
- Thought and/or mood disorders

All of these needs—and more—may exist for a given student, and it is the responsibility of the MDT to articulate all challenges exhibited by a student for consideration in the IEP. To address these needs, the National Association of School Psychologists (2005) recommends schools implement comprehensive intervention plans that include:

- Individual 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
- Effective behavior support practices, crisis planning, and management
- Collaboration with community mental health providers

Summary: What Is an Emotional Disturbance?

Determining eligibility under the IDEA category of emotional disturbance is one of the more complex challenges facing MDTs. Interpreting the criteria in the federal definition is very important to a consistent identification process. Identifying individual needs leads to the development of appropriate programming.

Because some elements of social maladjustment typically exist in students who meet the emotional disturbance criteria under IDEA, MDTs should focus on being able to meet that criteria first, and then look at the issues regarding social maladjustment. Behaviors typical of social maladjustment are common needs for students with emotional disturbance and will need to be addressed by the IEP team.

Since the prevalence of students who experience some sort of emotional or behavioral disorder significantly exceeds the identification rate of students who qualify as emotional disturbed under IDEA, it is up to school districts to develop screening and intervention systems that can identify students early and support the development of behaviors that increase their access to educational environments.

Section III: Screening and Early Intervention

Purpose

For students with emotional and behavioral challenges, early identification and intervention may help eliminate or reduce the severity of behavioral and emotional symptoms, and may decrease the likelihood of future negative outcomes (Atkins, Frazier, Adil, & Talbot, 2003). Students who develop effective social and behavioral regulation skills decrease their incidence of problem behavior (Blandon, Calkins, Grimm, Keane, & O'Brien, 2010). Failure to address the needs of students who are at risk for emotional and behavioral challenges may lead to numerous negative outcomes such as academic failure, peer rejection, substance abuse, and delinquency (Bradley, Doolittle, & Bartoota, 2008).

When problem behaviors and the subsequent academic difficulties they cause continue beyond the early years of a student's school experience, the likelihood of future internal problem behaviors (Burt & Roisman, 2010) and external problem behaviors (Darney, Reinke, Herman, Stormont, & Jalongo, 2013) is increased.

Multi-Tier System of Support (MTSS) and Screening Efforts

Schools across North Dakota are implementing North Dakota's Multi-Tier System of Support (ND MTSS) to provide teachers and students with a framework to address academic and behavioral challenges within the general education environment. Evidence shows that problem behaviors are alterable with early intervention, suggesting that interventions should begin as soon as at-risk behaviors are evident (Maag & Katsiyannis, 2009). The National Association of School Psychologists (NASP) advocates for a multi-tiered system of mental and behavioral health services that includes: direct services to address identified problems, universal mental and behavioral health promotion, early identification and intervention, targeted intervention, and the coordination of intensive interventions with community partners to cover the full range of student needs (NASP, 2015). What efforts should schools undertake as part of their MTSS to identify these risk factors and intervene at the earliest possible time? ND MTSS is designed to help schools/districts develop a school-wide support system for academics and behavior.

ND MTSS is a framework to provide all students with the best opportunities to succeed academically and behaviorally in school. ND MTSS focuses on providing high-quality instruction and interventions matched to student need, which includes monitoring progress frequently to make decisions about changes in instruction or goals. Data is used to allocate resources to improve student learning. To further clarify the definition, it is important to recognize what MTSS is NOT. MTSS (RtI) cannot be a verb, time, program, or place. It is not an identification system for special education or Title I. It is not 'just for some students'. It cannot be done by a small group of educators. It is not content-specific. Students cannot "be RtI'd", tested into or exited from "RtI" or be "done with RtI". ND MTSS Essential Components include:

1. Assessment
2. Data-Based Decision Making
3. Multi-Level Instruction
4. Infrastructure and Support Mechanisms
5. Fidelity and Evaluation

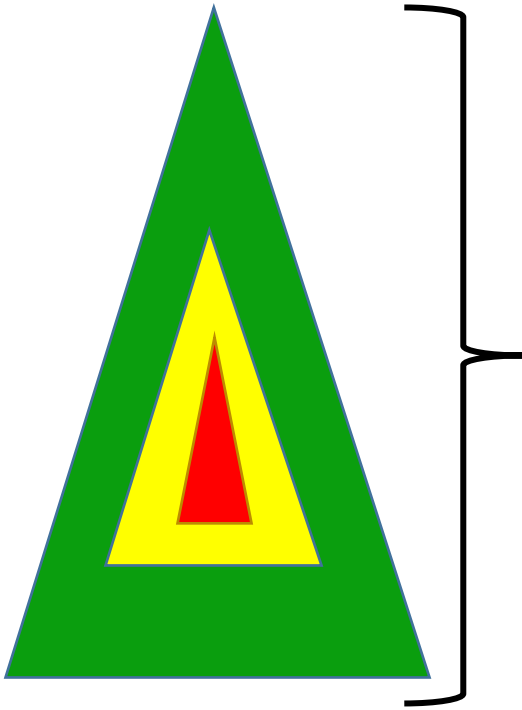
For detailed descriptions and clarity, NDDPI has adapted the American Institutes of Research (AIR) Fidelity Rubric and Worksheet and created a summary document outlining the Essential Components. ND MTSS –SPDG information and resources can be found on the NDDPI website.

Systematic Screening for Emotional and Behavioral Problems

The use of systematic screening for emotional and behavioral problems can become part of the package at the universal level of a MTSS, especially in the earlier grades (Severson, Walker, Hope-Doolittle, Kratchowill, and Grasham, 2007). Information from systematic screenings can better inform schools about how to utilize their resources to address emotional and behavioral problems in students before the issues become more persistent, resistant, and costly as the students get older.

Screening for problem behaviors becomes the first step in preventing more serious, debilitating behaviors—and perhaps identification as a student with an emotional disturbance. In such a screening program, all students in the early grades would be screened for risk factors of potential behavioral difficulties using nationally standardized screening tools that measure a number of problem behaviors, academic issues, and adaptive skills. Systematic screening has been found to be more effective with identifying those students who are experiencing more “internal” behaviors, such as depression and anxiety, and who are less likely to be referred by teachers due to the quiet nature of their behaviors (Eklund & Dowdy, 2013). Universal screening of students in the early grades has also been found to be a successful predictor of students’ later social and emotional outcomes (Kamphaus & Reynolds, 2007).

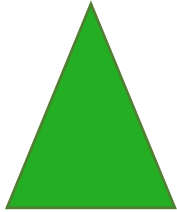
Designing Schoolwide System for Student Success



- The social climate of a school matters
- A continuum of supports that begins with the whole school and extends to intensive, wraparound support for individual students and their families
- Effective practices with the system needed for high fidelity and sustainability
- Multiple tiers of intensity

(Brian Megert, Ph.D., Springfield School District, Rob Horner, University of Oregon, 2016)

Universal Instruction:



High Quality Supportive Environments Nurturing & Responsive Relationships
Enhancing Emotional Literacy
Controlling & Recognizing Impulses
Problem Solving
Developing Friendships
Behavior Expectations & Classroom Rules
Classroom Design, Schedules & Transitions
Giving Directions & Feedback
Relationships

Prevention/Strategic Instruction:



Targeted Social Emotional Supports
Systematic and Focused Instruction in Social Skills and Emotional Regulation with Progress Monitoring

Intensive Instruction:



Intensive Interventions
Intensive Behavior Support
Functional Behavior Analysis
Behavior Support Plans with Progress Monitoring

Summary: Screening, Early Intervention, and MTSS

Clearly, evidence exists for the use of screening and early intervention within a MTSS. The rate of students who experience emotional and/or behavioral challenges greatly exceeds 1% of the school population who are ultimately identified under IDEA as students with an emotional disturbance. When 1 out of every 5 students in a given school or classroom experiences symptoms of these challenges, schools must proactively and preventively address inappropriate behaviors and work to replace them with more appropriate, durable behaviors. Early intervention is critical before behaviors and mental health issues become more complex as the student ages.

Schools must be sensitive to both internal and external behaviors and their impacts on learning. Given that most students attend school, schools become the most efficient place for students to receive mental health services. Schools represent the most common entry point for students who access mental and behavioral health services (Farmer, Burns, Philip, Angold, & Costello, 2003). Section VII of this document, “Resources for Educators, Administrators and Families,” identifies where school personnel can go to make connections with community mental health providers in order to develop comprehensive services for students.

Qualified service providers must collaborate to generate comprehensive, culturally competent, and effective behavioral and mental health services in school settings. Prevention, early intervention, and intensive therapeutic interventions are possible for students with behavioral and mental health concerns.

Section IV. The Identification Process for Students Ages 3-21

The Referral Process

For those students who have been unable to make satisfactory progress as a result of classroom interventions, the school district will need to move to the written referral process to pursue a comprehensive evaluation for eligibility. The referral contains information that will assist the multidisciplinary team (MDT) in developing an evaluation plan that will ensure a comprehensive and appropriate evaluation is conducted, addressing the needs observed throughout the intervention process.

Note: Complete information on the referral and evaluation process is available in the NDDPI document *Guidelines: Evaluation Process*, available on NDDPI Special Education website.

Parent(s) are essential members of the MDT. During the course of the intervention process, parents should be informed of the concerns observed and the interventions proposed to address those concerns. Schools are encouraged to have parents be active participants in their school’s building level support team (BLST), known in some districts as the teacher assistance team (TAT), throughout the intervention process. Parents are able to contribute valuable information to the intervention effort on such things as behaviors observed in the home and community as well as the student’s strengths and interests. Often, parents may become part of intervention efforts, receiving support from the school to provide consistency in implementation across environments.

Should it become necessary to move to a referral for a comprehensive evaluation for special education eligibility, parent involvement provides districts with an opportunity for relationship building. Contacts with parents by school professionals should be characterized by open communication that establishes a foundation for a trusting, collaborative, and mutually respectful relationship that will be critical in the long term for addressing the challenges presented by a student with emotional and behavioral concerns.

It is very important for school staff to be cognizant of the stress experienced by many parents of students with emotional and behavioral concerns. Collaborations with parents should be child-centered, supportive of both the child and their parents, and focused on creating a successful learning experience for the student.

Multidisciplinary Teams

Ultimately, the MDT is responsible for gathering the necessary observations and other data from a variety of settings, which will allow the team to make an appropriate determination of eligibility and identify all needs that require support from individualized programming. The data gathered by the MDT forms the basis for the **Integrated Written Assessment Report (IWAR)**. A thorough discussion of the IWAR is available in the NDDPI document, *Guidelines: Evaluation Process*.

Student Profile: Evaluation

The MDT will develop a student profile that documents the reason(s) for the proposed evaluation. This is required for initial and reevaluation of eligible students with disabilities, reviewing student needs for program development purposes, or exiting from special education.

The student profile:

- Provides a comprehensive picture of the student;
- Identifies patterns of current functioning; and
- Indicates areas where further information is required.

Complete information regarding the development of the student profile can be found in the NDDPI *Guidelines: Evaluation Process*.

Assessment Plan

The assessment plan details how additional information will be obtained and who will be involved in that process. There are a number of important considerations for school districts, as identified in IDEA regulations.

- **Review of Existing Data**
Whether the evaluation to be conducted is an initial evaluation or a reevaluation for continuing eligibility for special education services, best practice suggests the MDT review existing data as part of its assessment planning procedures. IDEA regulations (**34 CFR §300.305**) identify additional requirements for initial evaluations (if appropriate) and reevaluations (required), such as:
 - Evaluations and information provided by the parents;
 - Current classroom-based, local, or state assessments; and
 - Observations by teachers and related service providers.

(a) *Review of existing evaluation data.* As part of an initial evaluation (if appropriate) and as part of any reevaluation under this part, the IEP Team and other qualified professionals, as appropriate, must—

(1) Review existing evaluation data on the child, including—

(i) Evaluations and information provided by the parents of the child;

(ii) Current classroom-based, local, or State assessments, and classroom-based observations; and

(iii) Observations by teachers and related services providers; and

(2) On the basis of that review, and input from the child's parents, identify what additional data, if any, are needed to determine—

(i)(A) Whether the child is a child with a disability, as defined in §300.8, and the educational needs of the child; or

(B) In case of a reevaluation of a child, whether the child continues to have such a disability, and the educational needs of the child;

(ii) The present levels of academic achievement and related developmental needs of the child;

(iii)(A) Whether the child needs special education and related services; or

(B) In the case of a reevaluation of a child, whether the child continues to need special education and related services; and

(iv) Whether any additions or modifications to the special education and related services are needed to enable the child to meet the measurable annual goals set out in the IEP of the child and to participate, as appropriate, in the general education curriculum.

(b) *Conduct of review.* The group described in paragraph (a) of this section may conduct its review without a meeting.

(c) *Source of data.* The public agency must administer such assessments and other evaluation measures as may be needed to produce the data identified under paragraph (a) of this section.

(d) *Requirements if additional data are not needed.* (1) If the IEP Team and other qualified professionals, as appropriate, determine that no additional data are needed to determine whether the child continues to be a child with a disability, and to determine the child's educational needs, the public agency must notify the child's parents of—

(i) That determination and the reasons for the determination; and

(ii) The right of the parents to request an assessment to determine whether the child continues to be a child with a disability, and to determine the child's educational needs.

(2) The public agency is not required to conduct the assessment described in paragraph (d)(1)(ii) of this section unless requested to do so by the child's parents.

(e) *Evaluations before change in eligibility.* (1) Except as provided in paragraph (e)(2) of this section, a public agency must evaluate a child with a disability in accordance with §§300.304 through 300.311 before determining that the child is no longer a child with a disability.

(2) The evaluation described in paragraph (e)(1) of this section is not required before the termination of a child's eligibility under this part due to graduation from secondary school with a regular diploma, or due to exceeding the age eligibility for FAPE under State law.

(3) For a child whose eligibility terminates under circumstances described in paragraph (e)(2) of this section, a public agency must provide the child with a summary of the child's academic achievement and functional performance, which shall include recommendations on how to assist the child in meeting the child's postsecondary goals.

- Considerations for Nonbiased Assessment

It is very important that the MDT consider any and all factors that may interfere with obtaining a true picture of a student's functioning. The following IDEA regulation specifies this requirement:

34 CFR §300.304 (c)(1)(i)(ii)	Additional requirements for evaluations and reevaluations
	<p>(c) <i>Other evaluation procedures.</i> Each public agency must ensure that—</p> <p>(1) Assessments and other evaluation materials used to assess a child under this part—</p> <p>(i) Are selected and administered so as not to be discriminatory on a racial or cultural basis;</p> <p>(ii) Are provided and administered in the child's native language or other mode of communication and in the form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is clearly not feasible to so provide or administer;</p>

Significant consideration must be given to this regulation to prevent disproportionate representation of culturally or linguistically diverse students in special education, which has been a concern for more than three decades (NEA, 2007). Certain subgroups of culturally and linguistically diverse populations have been overrepresented in specific IDEA categories, such as emotional disturbance and intellectually disabled (NEA, 2008). The MDT must consider cultural influences and linguistic differences that may impact its analysis of student behavior, especially regarding English language learners (ELL), who are often overrepresented in special education programs.

A complete description, as well as additional considerations in the development of the assessment plan process, is available in the NDDPI *Guidelines: Evaluation Process*.

Evaluation Procedures

34 CFR §300.304 (c)(6)	Evaluation procedures
	<p>In evaluating each child with a disability under §§300.304 through 300.306, 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.</p>
34 CFR §300.304 (c)(4)	Evaluation procedures
	<p>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.</p>

The phrase “if appropriate” provides the MDT with some flexibility regarding the design of the assessment plan. However, the team must keep in mind that the information obtained must address the requirements of the emotional disturbance category.

It is very important for the MDT to respect that the identification of a student as emotionally disturbed under IDEA may have long-term educational, social, and vocational consequences (CT Guidelines, 2012).

The decision on eligibility must reflect “a truly disabling condition, and not an intolerance of or insensitivity to individual differences, the impact of unrelated disabilities, and/or temporary situational factors.”

Note: If the MDT has concerns regarding the overlap of emotional disturbance vs. social maladjustment, it should consider including an assessment in the plan that differentiates the two. The Emotional Disturbance Decision Tree (Euler, 2007) and The Scales for Assessing Emotional Disturbance, Second Edition (Epstein & Cullinan, 2010) may be useful in this regard. See Appendix C for more information on these assessments.

Evaluation tools: “Full and Individual Evaluation”

The MDT may utilize tools such as the following:

- Semi-structured interviews (with the student, teachers, and family members);
- Observations of the student across at least two specific, relevant settings;
- Curriculum-based assessments and other progress monitoring tools;
- Results from state and local assessments;
- Functional behavioral assessments;
- Behavior rating scales;
- Vocational assessments;
- Clinical/medical information;
- Developmental, academic, behavioral, and functional skills checklists; and
- Standardized assessment instruments.

(Adapted from Guidelines for Determining Eligibility for Special Education for Students with Serious Emotional Disability, CDE, 2013)

Note: 34 CFR§300.304 identifies the following requirements of a public agency/MDT. When conducting the evaluation, the MDT:

1. Must use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child, including information provided by the parent;
2. May not use a single measure or assessment as the sole criterion for determining a disability or developing an appropriate educational plan.
3. Must use technically sound instruments that can assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.

Checklist for a Full, Comprehensive, Individual Evaluation

Possible data sources that may help the MDT determine if a student has an emotional disturbance may include information under each of the following domains:

- ☐ **Emotional/Behavioral**
 - Documentation of tiered interventions and student progress
 - Direct assessment of the student:
 - Direct interview with the student
 - Play-based assessment (preschool students)
 - Social-emotional assessments (e.g., sentence completion, drawings and projective techniques)
 - Student self-report
 - Observable behavior in multiple settings
 - Standardized report (e.g., behavior rating scales, inventories, etc.) completed by teacher, parent, and/or other observers
 - Structured, direct observation
 - Documentation of observable target behavior and its function
 - Documentation of specific behavioral incidents (e.g., discipline reports)
- ☐ **Psychosocial/Cultural History**
 - Family background
 - Environmental background
 - Social background
 - Cultural background
 - Developmental history
 - Educational history
 - Special services
 - Behavior/psychosocial functioning
 - File review
 - In-depth, structured interview(s) with parent(s) or guardian(s)
- ☐ **Cognitive/Developmental**
 - Standardized cognitive/developmental testing
 - Documentation of previous cognitive assessment that is valid and still applicable
 - Other documented evidence (e.g., group testing) that establishes a level of cognitive functioning
 - In-depth, structured interview(s) with parent(s) or guardian(s)
- ☐ **Educational Progress**
 - Documentation of tiered interventions and progress of the student
 - Curriculum-based measures
 - Objective data on classroom performance (e.g., grades, tests)
 - Standardized achievement testing
 - Work samples/portfolios of student work
- ☐ **Health Assessment**
 - Past and current health status reports
 - In-depth, structured interview(s) with parent(s) or guardian(s)

- **Specialized Assessments as Recommended by the MDT**, which may include:
 - Medical
 - Psychiatric
 - Psychomotor/occupational therapy
 - Speech/language/communication
 - In-depth, structured interview(s) with parent(s) or guardian(s)

(Adapted from CT Guidelines for Identifying and Educating Students with Emotional Disturbance, 2012)

The Eligibility Determination

When the MDT concludes its presentation of the data resulting from the comprehensive evaluation, it is ready to review that data against the criteria for identification under the category of emotional disturbance. The MDT should proceed addressing the questions included in the following tables.

Factors to Consider

The IDEA, as passed by Congress, does not provide guidance on how to classify a student as having an emotional disturbance, but some guidance can be drawn from the definition found in the federal regulations (**34 CFR§300.8(c)(4)**). Even though the federal regulations provide a definition, states have the option of using a different definition and/or establishing more specific eligibility criteria. The NDDPI has chosen to use the federal definition of emotional disturbance.

The eligibility consideration process suggests the MDT to consider the following questions:

<i>Determination of Eligibility: Emotional Disturbance</i>		
The MDT has addressed each of the following statements and has determined: (referenced in 34 CFR §300.304(c)(6))		
Yes	No	1. The evaluation is sufficiently comprehensive to appropriately identify all of the student's special education and related service needs and whether they are commonly linked to the disability category. (Answer must be "yes" in order for the student to be eligible).
Yes	No	2. The child is able to receive reasonable education benefit from general education alone. (Answer must be "no" in order for the student to be eligible.)
Is	Is Not	3. The student's performance: (All answers must be "is not" in order for the student to be eligible.)
Is	Is Not	due to a 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.

An important consideration at this point is whether attendance is a factor and contributes to a lack of appropriate instruction.

Social/Emotional Functioning

To be eligible as a student with an emotional disturbance, the MDT must present evidence that the student’s social or emotional functioning meets one or more of the following criteria: <i>(check all that apply)</i> (referenced in 34 CFR §300.8 (4)(A-E))		
Yes	No	An inability to learn that cannot be explained by intellectual, sensory, or health factors; and/or
Yes	No	An inability to build or maintain satisfactory interpersonal relationships with peers and teachers; 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 “inability to learn” requires the MDT to rule out the existence of such things as a learning disability, intellectual impairment, traumatic brain injury, or other health impairment as the primary causal factor.

For the “inability to build or maintain satisfactory interpersonal relationships,” the MDT must establish that the inability exists primarily due to the emotional disability, and is pervasive across settings and situations. It should be noted that a lack of social skills does not make a student eligible as emotionally disturbed; various disabilities may result in a student demonstrating a lack of social skills.

“Inappropriate behaviors or feelings under normal circumstances” are those behaviors that may make a child appear unusual when compared with peers in the same situation. The student may be withdrawn, deviant, or bizarre, not just acting out or aggressive. The MDT must ask: If the behaviors are significantly different, are they due to the emotional condition?

The MDT is cautioned to consider “normal circumstances.” A student whose home or school situation has been disrupted by stress or unexpected events should be taken into consideration. The existence of such circumstances does not negate the eligibility determination, but the team should still consider whether the student’s behavior is typical of their peers in everyday situations.

To meet the criteria of “general pervasive mood of unhappiness or depression,” the student must exhibit characteristics of depression. The MDT should keep in mind that symptoms of depression are often exhibited differently in students, adolescents, and adults (Sharp & Lipsky, 2002), as well as by gender (Bailey et al., 2007).

With respect to “physical symptoms or fears,” the MDT must rule out medical causes that may include allergies, neurological conditions, etc.

Exclusionary Clause

The MDT must rule out that the student’s behavior is primarily due to social maladjustment.

The term “emotional disturbance” does not apply to students who are socially maladjusted, unless it is determined that they have an emotional disturbance in addition to social maladjustment. (referenced in 34 CFR §300.8(4)(ii))		
Yes	No	The MDT has determined that the student’s sole area of concern is not social maladjustment. The answer must be yes in order to continue with the determination of eligibility as emotionally disturbed.

34 CFR §300.308 (4)(ii)	Child with a disability
	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.

Adverse Effect on Educational Performance

The MDT must determine that the emotional disturbance has an adverse effect on the student’s educational performance and his/her ability to receive reasonable benefit from the general education program.

The emotional disturbance has an adverse effect on the student’s educational performance, preventing the student from receiving reasonable educational benefit from general education, as evidenced by one or both of the following criteria (check all that apply):		
Yes	No	Academic functioning: an inability to receive reasonable educational benefit from general education that is not the result of intellectual, sensory or other health factors, but is due to the identified emotional disturbance; and/or
Yes	No	Social/emotional functioning: an inability to build or maintain interpersonal relationships, which significantly interferes with the student’s social development. Social development involves those adaptive behaviors and social skills that enable a student to meet environmental demands and assume responsibility for his or her welfare.

This reminds the MDT that the definition of “educational performance” includes interpersonal relationships and social development. The team must identify that the emotional disturbance has an adverse impact on one or both of these items.

Qualifying Elements

All three of the following must be answered yes for eligibility.		
Yes	No	Characteristics of emotional disturbance exist to a marked degree, at a rate and intensity above expectations for peers beyond cultural norms, and outside the range of normal developmental expectations; and
Yes	No	Characteristics of emotional disturbance are pervasive and observable in at least two different settings in the student's environment; and
Yes	No	Characteristics of emotional disturbance have existed over a long period of time and are not a response to isolated incidents or transient, situational responses to stressors in the student's environment.

The MDT is reminded that “marked degree” represents a rate and intensity of behaviors that are consistent with clinically significant levels of functioning. Clinically significant levels may be identified through standardized assessments or may be based on professional judgment, taking into consideration such things as cultural and linguistic factors.

When judging “pervasive,” the MDT must establish that the characteristic(s) present have been observed in more than one setting, such as school and community. Observations and interviews may document school behavior, while interviews with family members and other assessments document the presence of behavioral characteristics in other environments.

When determining if the characteristics have existed over a “long period of time”, best practice suggests using a standard of six months. The age of the student and the intensity of the behavior must be considered.

MDT Conclusion:

Yes	No	The MDT has determined that the student's social/emotional/behavioral functioning meets IDEA criteria for eligibility under the category of emotional disturbance.
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Note: Appendix G contains an eligibility determination worksheet that incorporates the boxes included in this section for use by the MDT. Use of the worksheet is optional.

Summary: Evaluation and Eligibility

Making the determination of eligibility under the category of emotional disturbance is one of the more complex and challenging tasks faced by MDTs. MDTs should make every effort to ensure parents' understanding of the eligibility determination throughout the process. Once an eligibility decision has been reached, the MDT should ensure that the needs identified in the evaluation process are documented in the IWAR and are addressed in the student's IEP.

Section V. IEP Development

Following the MDT's determination that a student has met the eligibility criteria for emotional disturbance in North Dakota, the IEP team will meet to outline a plan to address the student's needs identified through the assessment process. The IEP must be developed and implemented within 30 days of the eligibility determination. The IEP will detail the special education and related services necessary to address all identified needs. Decisions regarding the delivery of services must ensure that a student with an emotional disturbance receives a Free and Appropriate Public Education (FAPE) in the least restrictive environment (LRE).

The IEP team will ensure that all needs identified during the assessment/eligibility process are documented during the development of the student's IEP. Careful consideration must be given to the student's strengths and abilities, as well as the challenges they face, in order to ensure the goals, services, and supports included in the IEP address the unique needs of the individual as determined through the evaluation process.

The IEP tells a student's "story." The IEP team should carefully consider the details included in that story when developing sections of the document, such as present levels of performance, special considerations, supplementary aids and services, and goals and objectives, to mention a few. In the event of a student with an emotional disturbance transferring to another district, a more complete story will increase the student's ability to successfully transition to a new school by providing critical information on services and supports that lead to positive outcomes.

The IEP team is identified in **34 CFR §300.321**, and is discussed in detail in the NDDPI document, *Guidelines: Individual Education Program Planning Process*.

34 CFR §300.321	IEP Team
	<p>(a) <i>General.</i> The public agency must ensure that the IEP Team for each child with a disability includes—</p> <ul style="list-style-type: none"> (1) The parents of the child; (2) Not less than one regular education teacher of the child (if the child is, or may be, participating in the regular education environment); (3) Not less than one special education teacher of the child, or where appropriate, not less than one special education provider of the child; (4) A representative of the public agency who— <ul style="list-style-type: none"> (i) Is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities; (ii) Is knowledgeable about the general education curriculum; and (iii) Is knowledgeable about the availability of resources of the public agency. (5) An individual who can interpret the instructional implications of evaluation results, who may be a member of the team described in paragraphs (a)(2) through (a)(6) of this section; (6) At the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate; and (7) Whenever appropriate, the child with a disability. <p>(b) <i>Transition services participants.</i> (1) In accordance with paragraph (a)(7) of this section, the public agency must invite a child with a disability to attend the child's IEP Team meeting if a purpose of the meeting will be the consideration of the postsecondary goals for the child and the transition services needed to assist the child in reaching those goals under §300.320(b).</p> <p>(2) If the child does not attend the IEP Team meeting, the public agency must take other steps to ensure that the child's preferences and interests are considered.</p> <p>(3) To the extent appropriate, with the consent of the parents or a child who has reached the age of majority, in implementing the requirements of paragraph (b)(1) of this section, the public agency must invite a representative of any participating agency that is likely to be responsible for providing or paying for transition services.</p> <p>(c) <i>Determination of knowledge and special expertise.</i> The determination of the knowledge or special expertise of any individual described in paragraph (a)(6) of this section must be made by the party (parents or public agency) who invited the individual to be a member of the IEP Team.</p> <p>(d) <i>Designating a public agency representative.</i> A public agency may designate a public agency member of the IEP Team to also serve as the agency representative, if the criteria in paragraph (a)(4) of this section are satisfied.</p> <p>(e) <i>IEP Team attendance.</i> (1) A member of the IEP Team described in paragraphs (a)(2) through (a)(5) of this section is not required to attend an IEP Team meeting, in whole or in part, if the parent of a child with a disability and the public agency agree, in writing, that the attendance of the member is not necessary because the member's area of the curriculum or related services is not being modified or discussed in the meeting.</p> <p>(2) A member of the IEP Team described in paragraph (e)(1) of this section may be excused from attending an IEP Team meeting, in whole or in part, when the meeting involves a modification to or discussion of the member's area of the curriculum or related services, if—</p> <ul style="list-style-type: none"> (i) The parent, in writing, and the public agency consent to the excusal; and (ii) The member submits, in writing to the parent and the IEP Team, input into the development of the IEP prior to the meeting. <p>(f) <i>Initial IEP Team meeting for child under Part C.</i> In the case of a child who was previously served under Part C of the Act, an invitation to the initial IEP Team meeting must, at the request of the parent, be sent to the Part C service coordinator or other representatives of the Part C system to assist with the smooth transition of services.</p>

The regulations suggest—at the discretion of the parents and the school district—that individuals who have “*special expertise regarding the child, including related service personnel as appropriate,*” be included on the team. Given the complex behavioral needs that may exist for an eligible student with an emotional disturbance, the team may include personnel such as behavior therapists, school psychologists, counselors, social workers, or others with the necessary expertise to contribute to the development of the IEP. Parents are welcome to invite other individuals with such expertise who may have important contributions to the team effort.

Parent/Guardian Participation

Parents are critical partners in the IEP process for any student with a disability. Behavioral observations outside the school setting are relevant to the discussion of needs and behavioral support efforts for the student. The IEP team must make every effort to ensure that one or both parents of the student with an emotional disturbance have the opportunity to participate in the IEP process. Meaningful parent participation is an essential element in developing a foundation of trust and collaboration that will support positive outcomes for the student with a disability. The IEP process is a communication vehicle between parents and school staff working with their child. The IEP team must always be sensitive to parents’ needs for support, as the challenges of parenting a student with an emotional disturbance can be significant. As stated earlier, parents should be encouraged to invite other individuals with specific expertise or who may know the student.

Note: For a complete review of IDEA regulations regarding parent participation, see **34 CFR§300.322**, as well as the NDDPI Guidelines: Individual Education Program Planning Process, available on NDDPI Special Education website.

34 CFR §300.322	Parent participation
	<p>(a) <i>Public agency responsibility—general.</i> Each public agency must take steps to ensure that one or both of the parents of a child with a disability are present at each IEP Team meeting or are afforded the opportunity to participate, including—</p> <p>(1) Notifying parents of the meeting early enough to ensure that they will have an opportunity to attend; and</p> <p>(2) Scheduling the meeting at a mutually agreed on time and place.</p> <p>(b) <i>Information provided to parents.</i> (1) The notice required under paragraph (a)(1) of this section must—</p> <p>(i) Indicate the purpose, time, and location of the meeting and who will be in attendance; and</p> <p>(ii) Inform the parents of the provisions in §300.321(a)(6) and (c) (relating to the participation of other individuals on the IEP Team who have knowledge or special expertise about the child), and §300.321(f) (relating to the participation of the Part C service coordinator or other representatives of the Part C system at the initial IEP Team meeting for a child previously served under Part C of the Act).</p> <p>(2) For a child with a disability beginning not later than the first IEP to be in effect when the child turns 16, or younger if determined appropriate by the IEP Team, the notice also must—</p> <p>(i) Indicate—</p> <p>(A) That a purpose of the meeting will be the consideration of the postsecondary goals and transition services for the child, in accordance with §300.320(b); and</p> <p>(B) That the agency will invite the student; and</p> <p>(ii) Identify any other agency that will be invited to send a representative.</p> <p>(c) <i>Other methods to ensure parent participation.</i> If neither parent can attend an IEP Team meeting, the public agency must use other methods to ensure parent participation, including individual or conference telephone calls, consistent with §300.328 (related to alternative means of meeting participation).</p>

34 CFR §300.322	Parent participation
	<p>(d) <i>Conducting an IEP Team meeting without a parent in attendance.</i> A meeting may be conducted without a parent in attendance if the public agency is unable to convince the parents that they should attend. In this case, the public agency must keep a record of its attempts to arrange a mutually agreed on time and place, such as—</p> <p>(1) Detailed records of telephone calls made or attempted and the results of those calls;</p> <p>(2) Copies of correspondence sent to the parents and any responses received; and</p> <p>(3) Detailed records of visits made to the parent's home or place of employment and the results of those visits.</p> <p>(e) <i>Use of interpreters or other action, as appropriate.</i> The public agency must take whatever action is necessary to ensure that the parent understands the proceedings of the IEP Team meeting, including arranging for an interpreter for parents with deafness or whose native language is other than English.</p> <p>(f) <i>Parent copy of child's IEP.</i> The public agency must give the parent a copy of the child's IEP at no cost to the parent.</p>

Present Levels of Academic and Functional Performance (PLAAFP)

An essential ingredient in providing FAPE to an eligible student with a disability is the documentation of needs from the evaluation/eligibility process in the IEP. PLAAFP documentation includes such things as the student's strengths, needs, preferences, and interests, as well as how the student's disability impacts their ability to make progress in the general education curriculum. This implies the need to discuss the standards or expectations of the general education curriculum and the student's performance as measured against those standards. When present levels are significantly different from grade/age level expectations, the team must identify those skills most critical to closing the gap between current performance and desired performance.

The PLAAFP should contain documentation of parent input on the process, including student strengths and concerns. Recognition of this input is the first step in ensuring that parents participate as equal partners in the IEP development process.

PLAAFP content should be provided in a narrative format, not simply a listing of test scores. It seeks to answer the question, "what do we know about this student?" It also analyzes how the student's disability impacts his or her involvement and progress in the general education curriculum. This should include a description of instructional and/or behavioral interventions which have been implemented. The PLAAFP is the foundation on which the rest of the IEP is developed.

As previously discussed in these guidelines, the "adverse effect on educational performance" of a student with an emotional disturbance is not simply defined in academic terms. Complex needs related to the characteristics of emotional disturbance should be recognized and addressed by the IEP team.

The IEP team is encouraged to identify specific supports for a student with an emotional disturbance in the PLAAFP section of the IEP when discussing the student's unique needs. Certainly, if a student demonstrates behavior that may be a danger to him/herself or others, the team should document this in the PLAAFP. The identification of such critical behaviors may include a reference to the Behavior Intervention Plan (BIP) included with the IEP. As various behavioral needs are discussed and documented, the IEP team should consider whether those needs rise to the level of support provided in a BIP or whether specific accommodations and modifications offer a "less restrictive" way to address the need.

Careful consideration of all aspects of the student’s functioning and previous intervention history contribute to a detailed narrative regarding a student’s PLAAFP. The remainder of the IEP is now developed to address the needs and concerns identified in the PLAAFP through services and supports in the Least Restrictive Environment (LRE) that are designed to meet the student’s needs.

Consideration of Special Factors

The IEP team will review the “Consideration of Special Factors” section of the IEP form. IDEA regulations require a review of special factors in the development of the IEP.

34 CFR §300.324(2)	Development of the IEP
	<p>Consideration of special factors. The IEP team must-</p> <ul style="list-style-type: none">i. In the case of a child whose behavior impedes the child’s learning or that of others, consider the use of positive behavioral interventions and supports, and other strategies that address behavior;ii. In the case of a child with limited English proficiency, consider the language needs of the child as those needs relate to the IEP;iii. In the case of a child who is blind or visually impaired, provide for instruction in Braille and the use of Braille unless the IEP team determines, after an evaluation of the child’s reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the child’s future needs for instruction in Braille, or the use of Braille), that instruction in Braille or use of Braille is not appropriate for the child;iv. Consider the communication needs of the child, and in the case of a child who is deaf or hard of hearing, consider the child’s language and communication needs, opportunities for communications with peers and professional personnel in the child’s language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child’s language and communication mode; andv. Consider whether the child needs assistive technology devices and services.

This section of the IEP builds on the discussion of PLAAFP, requiring that each of the above factors be considered for **all** students with disabilities. In the case of a student identified as having an emotional disturbance, the special factor of behavior impeding learning **should be checked**. Identification as a student with an emotional disturbance is dependent on behavior that impedes learning, and therefore must be addressed through the use of specialized instruction and positive behavioral supports.

For each special factor checked “yes” for an eligible student, supports should be delivered in the form of one or more of the following:

- Annual goals and specialized instruction to develop behavioral skills; and/or
- Related services that support annual goals and develop new skills; and/or

- Supplementary aids and services that are provided in the **general education setting or extra-curricular and nonacademic** settings, which may include such things as, but are not limited to:
 - Direct supports to the student;
 - Support and training for staff who work with the student;
 - Classroom accommodations and modifications to the curriculum;
 - Functional behavior assessments and behavior intervention plans; and
 - Assistive technology services and supports.

Supports for a special factor may not always involve specialized instruction. However, when a special factor is identified as relevant to a given student, the IEP must show evidence of how that special factor is being addressed within the context of the IEP services and supports. This is the case for all needs identified in the PLAAFP; some may require direct services and measurable annual goals, while others may require classroom accommodations. The IEP developed by the team will be unique and individualized based on the needs of the student.

Note: For a more complete discussion of “Consideration of Special Factors,” please refer to the NDDPI Guidelines: *Individualized Education Program Planning Process*.

Measurable Annual Goals

Once PLAAFP and special factors have been developed and reviewed, the IEP team will then develop measurable annual goals for those needs that require specialized instruction. Not all areas of need will require specialized instruction (i.e., slow processing speed may require classroom accommodations that allow additional time for assignments). Those areas that do require specialized instruction will also require annual goals.

34 CFR §300.320(2)(i)	Definition of individualized education program.
	<p>(2)(i) A statement of measurable annual goals, including academic and functional goals designed to</p> <ul style="list-style-type: none"> A. Meet the child’s needs that result from the child’s disability to enable the child to be involved in and make progress in the general education curriculum and B. Meet each of the child’s other educational needs that result from the child’s disability;

Annual goals are related to the unique needs of the student, and therefore should be specific and not applicable to every student in the class. Goal statements such as “James will demonstrate age-appropriate behavior” applies to all students his age and does not reflect his individual needs. Goals should not be repeated year after year. For a complete discussion of writing measurable annual goals, short-term objectives and characteristics of service, please see the NDDPI *Guidelines: Individualized Education Program Planning Process*.

Measurable Annual Goals for Students with Emotional Disturbance:

- Include **at least one goal addressing a behavior** of concern that is connected to the North Dakota content and achievement standards per grade level, such as health;
- Are determined from baseline behavioral data and are achievable in up to one year.

Periodic Review of Services

Parents must receive periodic updates on their student’s progress in the general education curriculum, as well as their progress toward achieving the annual goals included in their IEP. Progress monitoring of IEP goals is the basis for the review, which must take place at intervals similar to the progress updates provided to general education students. The periodic review schedule is determined by the IEP team and documented in the IEP.

The periodic review:

- Includes a description of the student’s progress towards each IEP goal;
- Utilizes the same measurement criteria specified in the goal;
- Clearly specifies how the student’s performance at the time of the review differs from the performance observed at the time the IEP was written; and
- Addresses any lack of expected progress toward an annual goal.

There is no meeting required for a periodic review; however, the IEP team or parents may consider bringing the team together to discuss a lack of progress, should it be observed. Failure to meet and adjust the IEP to address a lack of student progress could ultimately violate a student’s right to FAPE.

Special Instructional Focus: Transition Planning

Given the data on graduation and dropout rates for students with emotional disturbance, the IEP component of transition planning becomes a critical element in the process. Transition planning, when students are fully engaged in the process, can be the pivotal experience that keeps a student in school and working toward graduation. Transition planning in North Dakota must begin with the IEP that comes before a student turns 16 years of age, or earlier, if determined by the IEP Team.

Transition services were defined in the 2004 reauthorization of IDEA as:

34 CFR §300.43(a)	Definition of Transition Services
	<p>A coordinated set of activities for a child with a disability that:</p> <ul style="list-style-type: none">• Is designed to be within a results-oriented process, that is focused on improving the academic and functional achievement of the child with a disability to facilitate the child’s movement from school to post-school activities, including postsecondary education, vocational education, integrated employment (including supported employment); continuing and adult education, adult services, independent living, or community participation;• Is based on the individual child’s needs, taking into account the child’s strengths, preferences, and interests; and• Includes instruction, related services, community experiences, the development of employment and other post-school adult living objectives, and, if appropriate, acquisition of daily living skills and functional vocational evaluation.

Transition planning should always be based on individual needs, and be built upon the student's strengths, preferences, and interests (Cheney, 2012). Cheney makes five primary suggestions to improve the transition planning process and meet the requirements of IDEA, 2004. They include:

1. Self-Determination-

Self-determination can be described as a combination of skills, knowledge, and beliefs that allow a student to engage in goal-directed, self-regulated, autonomous behavior. It includes an awareness of one's strengths and areas of weakness, as well as a belief in oneself as capable and effective. When utilizing these skills and beliefs, students are able to take more control over their lives, and more successfully transition into society (Field, Martin, Miller, Ward, & Wehmeyer, 1998).

Self-determination is a critical element in transition planning as it involves the individual student at the center of the process. Student involvement in the IEP process is an evidence-based practice for improving self-determination skills. Students with emotional disturbance who were supported through the IEP process to develop the necessary self-determination skills were more likely to reach their post-secondary employment outcomes (Bullis, et al., 2002).

2. Assessment-

Post-secondary goals are required to be based on age-appropriate transition assessments, and IEP teams should actively involve students with emotional disturbance in a self-determination planning process where assessment results are translated into acceptable and effective IEP instructional services and supports.

3. Personal future's planning-

Personal future's planning (PFP) is a process that assists the student with an emotional disturbance to create a meaningful, personalized plan, based on conversations that reveal their own vision for the future. It results in an action plan that will shape social, educational, and vocational success and enhances self-determination skills (Malloy, et al., 2010).

4. IEPs carefully linked to transition plans-

The IEP document becomes the blueprint for success for the student. Ideally, the student should lead this meeting, demonstrating that they are in charge of the outcomes. This will require instruction and support from the team to develop the necessary skills to plan and lead a meeting. Typically, students with emotional disturbance will require annual goals addressing academic skills, social-behavioral skills and transition-related outcomes. These goals should be logically connected to the student's identified post-school outcomes.

5. Naturally supported, successful academic, vocational, and community placements-

One of the biggest challenges involves finding natural, community supports outside of the school environment. Successful transition programs may require the team developing an array of community contacts and placements to develop students' skills. Flexibility in earning credits through community placement activities may keep a student with an emotional disturbance stay connected to school. Agency supports and mentoring relationships within the community are important links beyond the school campus.

For more information on the transition process and students with emotional disturbance, please visit the National Technical Assistance Center on Transition (NTACT) for more resources and guidance for improving postsecondary outcomes for all students with disabilities, as well as evidence and research-based practices for transition.

In addition, the NDDPI maintains resources for secondary transition on its webpage, dedicated to the topic on their website.

Adaptations of Educational Services

By definition, special education involves ***specially designed instruction***. IDEA defines this term as follows:

34 CFR§300.39(3)	Specially designed instruction
	<p><u>Adapting</u>, as appropriate to the needs of the eligible child under this part, the content, methodology, or delivery of instruction-</p> <ul style="list-style-type: none">i. To address the unique needs of the child that result from the child's disability; andii. To ensure access of the child to the general education curriculum, so that the child can meet the educational standards within the jurisdiction of the public agency apply to all children.

Therefore, special education for all students with disabilities involves **adapting instruction**.

Supplementary Aids and Services

Adaptations of services include supplementary aids and services that are critical to the participation of the student with an emotional disturbance in the general education classroom as well as other extracurricular and nonacademic activities. IDEA defines supplementary aids and services as:

34 CFR§300.42	Supplementary aids and services
	<p>Aids, services, and other supports that are provided in regular education classes, other education-related settings, and in extracurricular and nonacademic settings, to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate in accordance with §§300.114 through 300.116.</p>

Behavior Supports/FBA/BIP

A Behavior Intervention Plan (BIP) for a student with an emotional disturbance may be considered a supplementary aid and service, as well as any supports teachers need to implement such a plan. The first step in the development of a BIP involves conducting a Functional Behavioral Assessment (FBA).

An FBA is required for any student with a disability who faces a manifestation determination for a serious violation of the school's code of conduct. The NDDPI has a policy paper on discipline regulations is available on NDDPI Special Education website.

When safety and crisis considerations are involved for a student's behavior, the BIP should include provisions for when that student may be a danger to him/herself or others.

Note: Detailed information on the FBA and BIP process is available in Appendix B and Appendix I of this document.

Modifications and Accommodations

Supplementary aids and services include modifications and accommodations. The terms accommodation and modification are often used interchangeably; however, **they are very different in meaning**. Modifications and accommodations must be specified for each individual student.

Modifications are changes to practices in schools that alter, lower, or reduce expectations to compensate for a disability. Modifications change the standard for a given student.

Examples of curricular **modifications**:

- Alternate curriculum goals and/or achievement standards
- Partial completion of general education curriculum (students learning needs are different from the general education curriculum)

Accommodations are changes in procedures or materials to mediate the impact of the disability. Accommodations increase equitable access to the general education curriculum and hold the student to the same standards as students without disabilities.

Examples of **accommodations** include:

- Preferential seating
- Extended time on assignments
- Reduce assignments
- Frequent breaks
- Sensory diet (fidgets, movement break, adaptive furniture, headphones, etc.)
- Behavioral contracts
- Social Skills Instruction
- Illustrate rules with clear examples and specific rewards
- Picture schedules/agendas
- Graphic organizers
- Check in and check out system

Summary – IEP Development

The IEP development process is a communication vehicle for parents and school staff to come together to tell the unique “story” of a student with an emotional disturbance. The IEP team should strive to tell that story as completely as possible and with as much detail as is necessary in order to demonstrate that the IEP is “reasonably calculated” to result in a student making progress in the general education curriculum.

The final step in the IEP process involves determination of placement in the LRE, which will be discussed in the next section.

Section VI. Placement in the Least Restrictive Environment (LRE)

The requirement to educate students with disabilities in the least restrictive environment has been part of special education law (34 CFR§300.114(a)) since its inception in 1975. LRE is one of the core concepts of IDEA.

34 CFR§ 300.114 (a)	<p>LRE requirements.</p> <p>(a) <i>General.</i> (1) Except as provided in §300.324(d)(2) (regarding children with disabilities in adult prisons), the State must have in effect policies and procedures to ensure that public agencies in the State meet the LRE requirements of this section and §§300.115 through 300.120.</p> <p>(2) Each public agency must ensure that—</p> <p>(i) To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are nondisabled; and</p> <p>(ii) Special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.</p> <p>(b) <i>Additional requirement—State funding mechanism—</i>(1) <i>General.</i> (i) A State funding mechanism must not result in placements that violate the requirements of paragraph (a) of this section; and</p> <p>(ii) A State must not use a funding mechanism by which the State distributes funds on the basis of the type of setting in which a child is served that will result in the failure to provide a child with a disability FAPE according to the unique needs of the child, as described in the child's IEP.</p> <p>1. (2) <i>Assurance.</i> If the State does not have policies and procedures to ensure compliance with paragraph (b)(1) of this section, the State must provide the Secretary an assurance that the State will revise the funding mechanism as soon as feasible to ensure that the mechanism does not result in placements that violate that paragraph.</p>
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Each school district or public agency must ensure that:

- 1. To the maximum extent appropriate, students with disabilities—including students in public or private institutions or other care facilities—are educated with students who are nondisabled; and
- 2. Special classes, separate schooling, or other removal of students with disabilities from the regular education environment occurs only if the nature and severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

In addition, 34 CFR§300.115 requires that each school district or public agency provide a continuum of alternative placements to meet the needs of students with disabilities. LRE becomes the most inclusive point on the continuum where a student’s IEP can be satisfactorily implemented with the provision of supplementary aids and services.

34 CFR§ 300.115**Continuum of alternative placements.**

- b) Each public agency shall ensure that a continuum of alternative placements is available to meet the needs of children with disabilities for special education and related services.
- c) The continuum required in this paragraph (a) of this section must-
 - 1. Include the alternative placements listed in the definition of special education under **§300.38** (instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions); and
 - 2. Make provision for supplementary services (such as resource room or itinerant instruction) to be provided in conjunction with regular class placement.

The Placement Determination

The LRE decision is last of a series of decisions made at the IEP team meeting. It is made after goals and objectives are developed, and instructional accommodations and/or modifications are identified.

The team must always remember that **special education placement is not a place**, but rather a set of services and the type of environment/location where those services will be provided that will allow the student to progress in the general education curriculum.

Note: Placement decisions **cannot** be based on:

- Category of disability;
- Severity of disability;
- Language and communication needs;
- Needed modifications in the curriculum;
- Configuration of the school's service delivery system;
- Availability of space or educational and related services; and/or
- Administrative convenience.

(Placement in the LRE, NM PED, 2003)

LRE always begins with the general education classroom, and should consider the following factors:

- Decide whether the student can be educated satisfactorily in the general education classroom with one or more of the following:
 - Supplementary aids and services/supports
 - Program and/or curriculum accommodations/modifications
 - Provision of an itinerant special education provider
 - Assistance from a paraeducator
 - Special training for the general education teacher
 - The use of assistive technology
 - The development and implementation of a FBA and BIP designed to meet the daily challenges in the general education classroom
- Compare the benefits provided in the general education classroom with those provided in a special education classroom or segregated setting.

- Consider social and communication skills as well as academic benefits.
 - Compare the relative benefits to the student's needs.
 - Keep in mind that placement in the general education classroom is not dependent on the student's ability to learn the same things in the same way.
- Consider the potentially beneficial or harmful effects that placement in the general education classroom may have on the student or on other students in the class.
 - Positive benefits may include such things as social interaction with nondisabled peers, appropriate peer models, high expectations, and acceptance by other students.
 - Harmful effects may include disruptive behavior that impairs the student's or their peers' ability to learn in spite of a BIP.

LRE Justification

The final step in the placement process is the justification for the individualized placement. If there is a reasonable likelihood that a student with an emotional disturbance can be educated in the general classroom with supplementary aids and services, then that placement should be utilized to the maximum extent appropriate.

If the IEP team determines that the student should receive all or part of their special education services outside of the general education classroom, then it must also provide opportunities for the student to participate in general education programs in academic, nonacademic, and/or extracurricular activities as much as is appropriate.

If the team agrees that the IEP for a student with emotional disturbance cannot be satisfactorily implemented in the general education classroom, even with the provision of supplementary aids and services, the team must "justify" the removal from general education by noting what efforts have been made that were not successful. When the IEP team identifies what supplementary aids and services, including earlier interventions, have been attempted without satisfactory outcomes, then it has justified the placement decision on the continuum of alternative placements.

Unless the student's IEP requires some other kind of arrangement, the student should attend the same school he or she would attend if not eligible for special education services. At that school, students with emotional disturbance must be afforded the opportunity to participate in nonacademic and extracurricular activities with their peers in regular education.

Section VII. Evidence-Based Prevention and Intervention Strategies

Students with emotional disturbance present significant challenges to general and special educators alike. When IDEA was reauthorized in 2004, it promoted the use of research-based practices—or evidence-based practices—for all students with disabilities, including those with emotional disturbance. Fortunately, there is a growing body of literature on evidence-based practices that supports both general and special education teachers. This section will provide an overview of some evidence-based practices for students with emotional disturbance, as well as identify additional resources available.

Section III of these guidelines, "Screening and Early Intervention," included an overview of North Dakota's multi-tiered system of support (ND MTSS), emphasizing their importance to both prevention and intervention. The literature on MTSS and Positive Behavioral Interventions and Supports (PBIS) has established that

MTSS/PBIS is an effective support for students with emotional and behavioral challenges. Evidence-based prevention and intervention strategies are relevant for both general and special educators as they plan instruction to increase positive outcomes for students with emotional disturbance.

Core Features of Classroom Interventions and Supports

Organizing for instruction, whether in the general education environment or in the special education environment, must involve consideration of both prevention and intervention strategies to promote positive outcomes for students with emotional disturbance. Ideally, such strategies are already part of the school’s MTSS efforts, which emphasize positive, proactive, and responsive classroom behavior interventions and supports.

Evidence-based classroom strategies are maximized when:

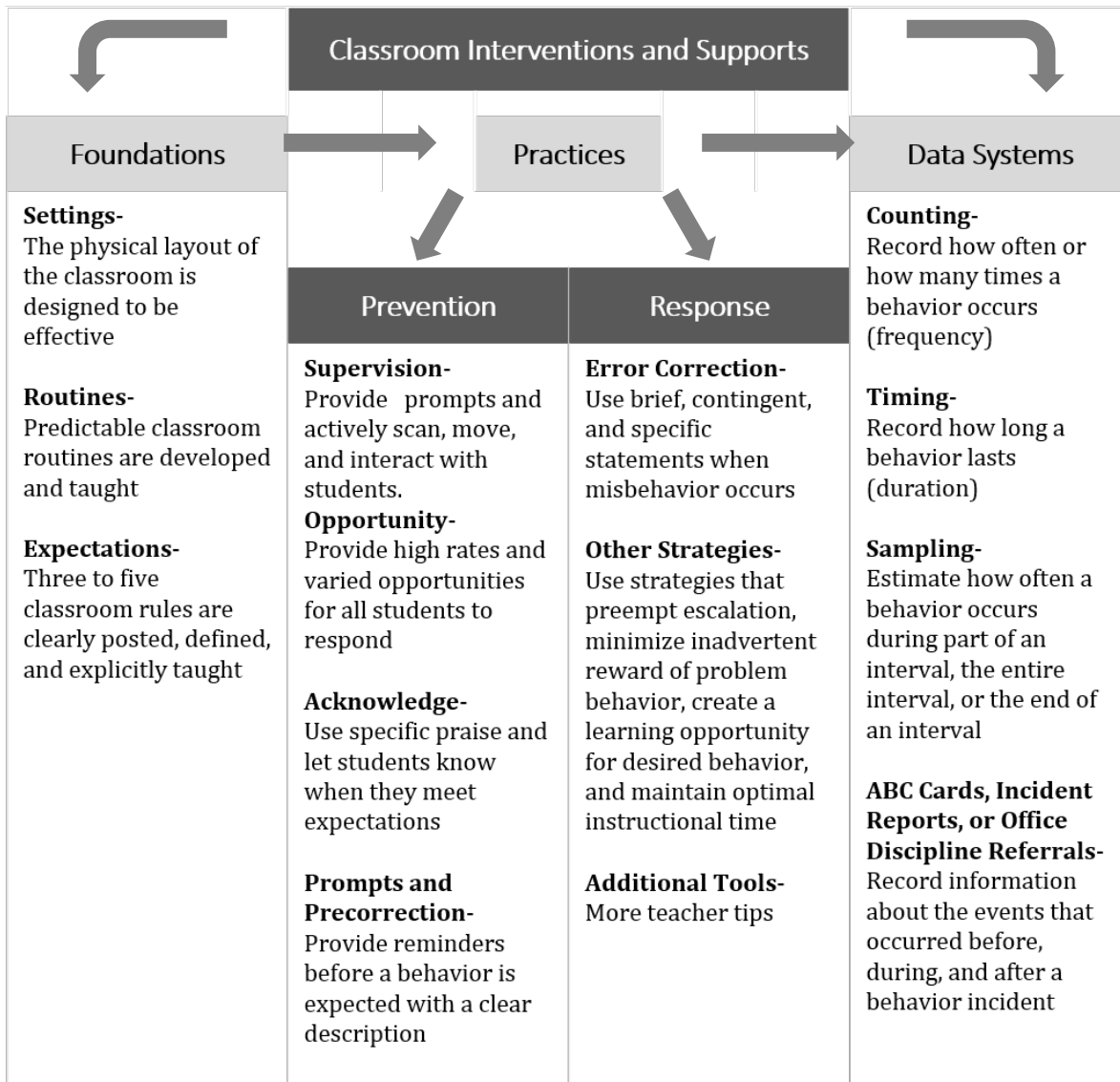
- Strategies are implemented within a school-wide, multi-tiered behavioral framework such as MTSS;
 - Classroom and school-wide expectations are directly linked;
 - Classroom strategies blend with effective instructional design, curricula, and delivery of instruction; and
 - Classroom-based data is used to guide the decision-making process.
- (Simonsen, Freeman, Goodman, Mitchell, Swain-Bradway, Flannery, Sugai, George & Putman, 2015)

Outcomes students with emotional disturbance will benefit from:

School-Level Supports	Classroom-Level Supports
<ul style="list-style-type: none">• A multi-tiered framework, including strategies for identifying and teaching expectations, acknowledging appropriate behavior, and responding to inappropriate behavior.	<ul style="list-style-type: none">• Classroom system for teaching expectations, providing acknowledgements, and managing rule violations linked to the school-wide framework.
<ul style="list-style-type: none">• The framework is guided by school-wide discipline data.	<ul style="list-style-type: none">• Classroom management decisions are based on classroom behavioral data.
<ul style="list-style-type: none">• Appropriate supports for staff are provided, including leadership teaming, supporting policy, coaching, and implementation monitoring.	<ul style="list-style-type: none">• Effective instructional strategies implemented to the greatest extent possible, and the curriculum is matched to student need and supporting data.

(Simonsen, et al., 2015)

Map of Core Features



(Simonsen, et al., 2015)

The document *Supporting and Responding to Behavior: Evidence-Based Classroom Strategies for Teachers* (2015), which includes matrices for each core feature (settings, supervision, expectations, etc.), descriptions of each feature, and elementary and secondary examples can be found on the NDDPI website. In addition, the document provides links to evidence that support each feature.

Special/general education teachers may apply these core features to their instruction for use with classrooms, small groups, or individual students.

Note: Strong academic instruction and interventions are the first line of defense when working with students with emotional disturbance to promote more positive outcomes. Fostering a high level of successful academic engagement curbs behavioral problems (Hanover Research, 2012).

Given that improving academic instruction and achievement may be incompatible with problem behaviors, what evidence-based strategies can be employed by general/special educators to improve academic engagement and outcomes?

Marzano (2001) identified nine high-yield instructional strategies for improving academic instruction and achievement. They include:

- Identifying similarities and differences
- Summarizing and notetaking
- Reinforcing effort and providing recognition
- Homework practice
- Nonlinguistic representations
- Cooperative learning
- Setting objectives and providing feedback
- Generating and testing hypotheses
- Questions, cues, and advance organizers

Two other strategies that support the improvement of academic achievement for students with emotional and behavioral challenges are peer-assisted learning and self-management (Farley, Torres, Cat-Uyen, & Cook, 2012).

Peer-Assisted Learning – teachers pair students of mixed ability who work together, sharing the roles of learner and teacher. Peer-assisted learning increases opportunities for student engagement while providing immediate feedback and has been shown to improve social skills. Class-wide peer tutoring (CWPT) is a much-researched model involving the use of peers in learning.

Self-Management Interventions – involve methods to help students manage, monitor, record, and assess their behavioral or academic achievements (Reid, Trout, & Schartz, 2005). These strategies have been found to be effective across grade levels with various categories of students with disabilities. The following table provides some types of self-management interventions found to be effective in working with students with emotional disturbance.

Type	Brief Description
Self-monitoring	Students both observe and record targeted behaviors.
Self-evaluation	A student compares his or her performance to established criteria.
Self-instruction	Student-directed behavior is guided through the use of self-statements.
Goal setting	Students select a goal and create personal guidelines for commitment and progress toward that goal.

(Farley, et al., 2012)

Comprehensive Program of Intervention

The development of a comprehensive program of intervention for students with emotional disturbance should include consideration of a variety of interventions across five categories (NDDPI “Guidelines: Resources for Working with Students, Youth, and Young Adults with Emotional Disturbance in North Dakota,” 2007).

These categories include:

- Environment
- Behavior Management
- Academics
- Moral/Affective Development
- Counseling/Therapy

Environment

A safe and supportive environment is critical to effectively address the needs of students with emotional disturbance. The goal is to manage or modify the environment to provide the greatest opportunity for student success.

Environmental Intervention Examples

- Smaller class sizes
- Multiple communication systems
- Student advocacy systems
- Adaptive equipment
- Parent support programs
- High-interest instructional materials
- Cueing systems
- Schedule modifications
- Computer-assisted instruction and production
- Room design accommodations
- Structured behavior intervention plans

Other considerations include the structural aspects of the setting, social and emotional supports, and instructional supports. Consider the following examples:

Structural Aspects

- Room size (appropriate adult/teacher ratio, percentage of students with disabilities, accessibility);
- Seating arrangement (proximity to peers, support personnel, teachers);
- Room arrangement (placement of desks, tables, and students; accessibility of teacher; work tables; calming or refocusing area);
- Lighting (glare or intensity of light);
- Materials (availability of text books, remedial materials, and alternative format materials; learning center options);
- Multi-modal instructional resources and equipment (computers, internet access, digital recorders and players);
- Visual distractions (posters, bulletin boards, windows, pencil sharpener);

- Noise levels; and
- Classroom schedule and daily routines.

Social and Emotional Supports

These include those things a student with an emotional disturbance may receive from:

- Peer interactions;
- Family involvement;
- Home/school involvement; and
- Community participation.

Instructional Supports

These supports are available to assist the student with an emotional disturbance in a variety of settings, including extra-curricular/recreational and community activities. They may include:

- 1:1 or small-group instruction/assistance
- Accessibility of special education and related services personnel or therapeutic support personnel;
- Peer mentoring programs;
- Job-shadowing opportunities for students of transition age; and
- Vocational training.

Behavior Management

Behavior management interventions focus on teaching appropriate behaviors while decreasing undesirable, disruptive behaviors. Often, a behavior must be taught to “replace” another behavior, thus the importance of learning the function of behaviors through the FBA process.

Characteristics of Effective Behavior Management
<ul style="list-style-type: none"> • Systems for classroom management facilitate appropriate behavior; • Procedures and modifications assist students in following school and/or bus rules; • Management systems, clearly understood by all, guide responses to atypical and crisis situations; • A system for individual behavior management facilitates the development of appropriate behavior; • Behavioral interventions or interactions encourage students to be more responsible for their behavior; and • Behavior management systems involve key people in the student’s environment.

Developing effective BIPs requires an understanding of the functions of behavior, which are:

- To get something, or
- To avoid something.

An FBA seeks to determine the “why” of a behavior and understand its function from the perspective of the student. Understanding the function of a behavior allows the school team to plan interventions around teaching more desirable replacement behaviors that serve the same function as the undesirable behavior.

An FBA for intervention planning may be approached from the ABC perspective:

ABC Analysis of Behavior



A Antecedents	B Behaviors	C Consequences
Setting events or actions that precede a behavior.	The behavior that follows.	The response to the behavior, which impacts future occurrences of the behavior.
Student given a math assignment.	Student tears up paper and puts head down on their desk.	Teacher ignores student behavior.

The **consequence** of the student being ignored by the teacher after tearing up his/her math assignment has an impact on future occurrences of the behavior. **Reinforcement** occurs when the behavior increases as a result of a consequence. **Punishment** occurs when the behavior decreases as a result of a consequence.

Consequences include the key principles of **reinforcement** and **punishment**. They occur following the demonstration of a behavior. Both can be considered positive or negative, which refers to whether something is added (positive) or removed (negative) that increases the likelihood of a desirable behavior.

Reinforcement vs. Punishment

	<u>Positive (+)</u> To add, present, provide	<u>Negative (-)</u> To remove, take away
<u>Reinforcement</u> – behavior INCREASES in the future	Positive Reinforcement A stimulus is PROVIDED contingent on the behavior, which leads to a(n) INCREASE of behavior in the future.	Negative Reinforcement A stimulus is REMOVED contingent on the behavior, which leads to a(n) INCREASE of behavior in the future.
<u>Punishment</u> – behavior DECREASES in the future	Positive Punishment A stimulus is PROVIDED contingent on the behavior, which leads to a(n) DECREASE of behavior in the future.	Negative Punishment A stimulus is REMOVED contingent on the behavior, which leads to a(n) DECREASE of behavior in the future.

Reinforcement and punishment are dependent on their impact on future behavior. What may be reinforcing or punishing to one student might be different for another student. It doesn't matter that others may perceive a consequence as either "good" or "bad"; what matters is the impact of that consequence on the student's behavior.

Example:

Antecedent	Behavior	Consequence
Student is given a writing assignment in class.	The student disrupts the class, refusing to do the assignment.	The student is sent to the office on a discipline referral.

If a student engages in a problem behavior in an effort to get out of doing a writing assignment, then a consequence that involves removing the student from the situation provides the result that the student was anticipating. If the student continues to demonstrate disruptive behavior when asked to do writing assignments in class, which is followed by being sent to the office on a discipline referral, then that consequence is actually reinforcing the disruptive behavior, or increasing the likelihood that the behavior will occur again.

When planning behavioral interventions, school teams are required by IDEA to consider positive behavioral interventions and supports. Always remember that behavior is a form of communication. All behavior serves a function, and it is triggered by some antecedent in the environment.

Appendix B and Appendix I includes more information on the functional assessment and behavioral intervention planning process.

Continuum of Behavior Management Strategies

Behavior intervention strategies fall on a continuum that ranges from least restrictive to most restrictive. Teams should always carefully consider, implement, and document the results of less restrictive interventions.

Least Restrictive Behavior Management Strategies

- **Self-monitoring-** a component of self-management where the student tracks the occurrence of a pre-defined behavior using a process designed and taught by staff. This process could include making notations on a behavior tracking sheet each time a behavior occurs, which allows the student to track their progress over time.
- **Systematic ignoring-** attention-getting behavior is ignored by staff in an attempt to decrease the frequency of such behaviors.
- **Signal interference (Cueing)-** signals from staff are used to focus a student's attention on controlling their behavior or impulsive actions.
- **Proximity or touch control-** staff use physical proximity to move about the classroom and place a hand on a student's shoulder to increase security and prompt appropriate behavior.
- **Hypodermic affection-** staff demonstrate frequently that they care for the student.
- **Inanimate object control-** staff uses objects such as timers, clocks, and rules to defer control (e.g., saying something like "The clock says it's time to put our things away.").
- **Tension decontamination through humor-** trained attempts at "kidding"—without sarcasm, irony, or cynicism—and humor are used to laugh with students on a regular basis.
- **Hurdle help-** assists the student over the intermediate hard spot on the way to a goal to avoid potentially inappropriate behavioral reactions.
- **Neutrality-** staff maintain a position of neutrality when confronted and always refrain from arguing with the student.
- **Time for compliance-** staff allow students sufficient time or additional time to comply with requests, as needed.
- **Limited questions-** staff only ask true questions that require an answer and avoid stating commands as questions unless the answer "no" is acceptable.
- **Regrouping-** changing groupings so that those who don't work well together are not grouped together.
- **Restructuring-** an activity or program is abandoned when it is not working well and substituted with another, rather than lecturing a student about not being able to succeed with the program.
- **Direct appeal-** a direct appeal is made to the student's loyalty, knowledge of group behavioral code, pride in personal improvement, or knowledge of undesirable consequences.
- **Limiting space and tools-** stimulating items are removed from the environment with reassurance that they may be regained again when the student demonstrates the ability to control their behavior.

More Restrictive Behavior Management Strategies

- **Non-Exclusion Timeout-** the withdrawal or removal of a student from a reinforcing situation is used for a predetermined period of time (**not to exceed 5-7 minutes**) following the occurrence of a specific, undesirable behavior. This does not include the use of a timeout room. Timeout is a type of negative punishment—a student loses access to positive reinforcement for a brief period of time.
- **Response cost-** a specified amount of an available reinforcer is withdrawn following, and contingent upon, the occurrence of a specified behavior. The amount of reinforcement withdrawn (cost) should be less than the total amount available to the student, and opportunities to regain the lost reinforcement should be offered. Response cost is a negative punishment procedure in which, contingent upon a

specified behavior, a specified amount of reinforcement is removed (e.g., loss of tokens in a token economy program).

- **Extinction**- a behavior that was previously reinforced by some stimulus in the environment is no longer reinforced through the removal of the stimulus so that the behavior will decrease in frequency. When inappropriate behavior is ignored, more appropriate behavior should be selected for frequent reinforcement.

Most Restrictive Behavior Management Strategies

- **Negative practice (satiation)**- the student is required to continuously engage in a behavior until fatigue becomes associated with it and ceasing the performance of the behavior avoids a noxious situation. Satiation is the progressive and ultimately total loss of effectiveness of a reinforcer (e.g., having a student who spits on other students go outside and spit until he or she becomes tired of this activity).
- **Negative consequences**- the practice of applying something aversive or negative in an effort to increase the likelihood of a desired behavior. A behavior is followed by a consequence that decreases the future probability of the behavior (e.g., keeping a student in from recess until he or she completes an activity; the threat of losing recess is used to motivate the student to complete the assignment).
- **Overcorrection**- the student is required to engage in a more desirable behavior for an extended (aversive) period of time, contingent upon the occurrence of a related, undesirable response. This procedure is used for behaviors where no restitution may be possible. Overcorrection is positive punishment—the student is required to engage in effortful activity for a brief period of time. Positive practice and restitution are two types of overcorrection (e.g., a student who purposefully spills milk must clean up not only the milk spilled, but the entire lunchroom as well).
- **Exclusionary Timeout**- a student is removed from a reinforcing situation following the occurrence of an undesired behavior. This exclusion may involve either removal to a designated area or to a timeout room for a fixed period of time. Timeout from positive reinforcement is a type of negative punishment in which the individual loses access to positive reinforcers for a period of time. Typically, removal is accomplished through a timeout procedure.
- **Physical restraint**- According to the U.S. Department of Education's *Restraint and Seclusion: Resource Document* the definition of physical restraint is as follows:
 - A personal restriction that immobilizes or reduces the ability of a student to move his or her torso, arms, legs, or head freely.

The term physical restraint does not include a physical escort.

Most restrictive behavior management strategies should only be used when all else fails, or as a last resort in situations where there may be harm to self and/or others. They require specialized training, and implementation must follow strict guidelines. Such strategies should only be used when they are identified in a behavior intervention plan developed by the IEP team. Be aware of any district guidelines or policies regarding the use of most restrictive behavior management strategies.

Academic or Learning Strategies

Students with emotional disturbance require environmental and behavioral supports and interventions to facilitate their ability to learn. Once these supports are in place, the IEP team should employ the evidence-based instructional strategies and best practices used in general and special education classrooms. Students with emotional disturbance may not require academic strategies that are significantly different from those used with their nondisabled peers, provided that environmental and behavioral supports are in place.

Affective Education Strategies

Affective education is designed to provide each student with an instructional approach to positive mental health. It involves the teaching of social skills, but in a more comprehensive sense it involves building understanding of personal relationship issues.

Characteristics of Affective Strategies
<ul style="list-style-type: none">• Students and youth are systematically taught appropriate social skills and behavioral responses;• Affective education covers personal, relationship, and life skills;• The curriculum is selected on the basis of individual student needs;• Good instructional practices are employed to teach skills; and• Transference and maintenance of skills is systematically taught.

Instructional content in affective education programs typically includes:

- Identification and appropriate expression of feelings;
- Personal awareness;
- Communication;
- Problem solving;
- Decision making;
- Group and systems understanding;
- Significant relationships;
- Lifestyle choices (i.e., drugs, risk taking, illegal behavior, etc.);
- Coping strategies;
- Stress management; and
- Life planning.

Affective education may be accessible to students at all levels of a school's MTSS.

Counseling/Therapy Strategies

It is important to differentiate between counseling and therapy. *Counseling* involves an exchange of ideas that provides advice or guidance. *Therapy* is the treatment of an illness or disability. Schools should focus more on counseling—even though it may be psychological counseling—as opposed to therapy, which is more about treatment.

Educators generally avoid the use of *therapy*, as it is typically a term that refers to the medical model. *Counseling* is the term most preferred by educators. IEP teams are faced with the dilemma of determining which type of related services a student needs in order to benefit from their IEP. When a student requires services more appropriate as therapy, this underscores the need for schools to cultivate relationships with mental health providers through collaborative or cooperative agreements. Agreements delineate the responsibility of each party and specify funding for services. Often termed “wraparound services,” school-based mental health services are often able to access students in both the school environment and the community.

Summary: Evidence-Based Prevention and Intervention Strategies

Behavior management strategies can be used to assist IEP teams with addressing the needs for students with emotional disturbance. The strategies contained in this document are applicable across settings and ages for students. Oftentimes, the most effective way to meet the needs of students with emotional disturbance is a collaborative approach of school and agency staff who create wraparound services in the school, home, and community. Collaboration should be purposeful, with school staff working to build relationships with community providers, developing an understanding of the services available, and working closely with parents.

Section VIII: Resources for Educating Students with Emotional Disturbance

When developing and implementing an IEP for a student with an emotional disturbance, it may be very important for the team to utilize additional resources to address a student's needs. This section of the guidelines identifies both state/local and national resources for IEP teams to consider in their efforts to provide supports for a student with an emotional disturbance.

North Dakota Resources

1. The North Dakota Department of Human Services, Behavioral Health Division

The Behavioral Health Division includes information and resources on students' mental health services. The Students' Mental Health System of Care in North Dakota provides therapeutic and supportive services to students and youth with emotional disturbance and their families.

Regional supports are available through Partnerships Program for Students' Mental Health.

2. Mental Health America of North Dakota (MHAND)

MHAND is a support and advocacy organization for families and individuals with mental health and substance abuse issues. The organization's website provides links to resources, such as support groups and information on mental health diagnoses.

3. Dakota Boys and Girls Ranch

The Dakota Boys and Girls Ranch provide residential treatment for students, ages 10-18, in need of support for issues with psychiatric, behavioral, and trauma issues. Outpatient services are provided through the Dakota Family Services by licensed therapists and psychologists.

4. Pride, Inc.; Manchester House

Manchester House is a residential treatment facility for students, ages 5-13, who are diagnosed with an emotional disturbance. Basic services include residential, educational (provided by the Bismarck Public Schools), and clinical. The program emphasizes transition and after care to support families and students during and after a stay concludes.

5. Anne Carlsen Center

The Anne Carlsen Center provides educational, residential, therapeutic, evaluation and community based services for individuals and families with various disabilities. The Center has a number of locations in North Dakota.

6. North Dakota Division of Vocational Rehabilitation

This agency provides services to assist individuals with disabilities in obtaining competitive employment and increased independence. Services include, but are not limited to, diagnosis and evaluation, vocational training including supported employment, and vocational counseling and planning. Contact with Vocation Rehabilitation is an important transition service activity for students with emotional disturbance.

7. Life Skills Transition Center (formerly the Developmental Center)

A state-operated, comprehensive support agency for individuals disabilities located in Grafton, ND. The center provides specialized services and acts as a safety net for individuals whose needs exceed community resources.

8. North Dakota Protection and Advocacy Project

A project established by the state for the purpose of advocating for the needs of students with disabilities. North Dakota Protection and Advocacy strives to create an inclusive society that values each unique individual.

9. Pathfinders Parent Center

A statewide non-profit organization that assists teachers and administrators in discovering new ways to welcome and support diverse families. Pathfinders Parent Center works with families to help strengthen student achievement.

National Resources

1. National Alliance on Mental Illness (NAMI)

NAMI is a national, grassroots organization dedicated to building better lives for individuals with mental illness and their families. NAMI of North Dakota has affiliates in a number of locations across the state.

2. National Institute of Mental Health (NIMH)

The mission of the National Institute of Mental Health is the lead federal agency for research on mental disorders. The website is a good source of information on various mental disorders common to students with emotional disturbance.

3. Substance Abuse and Mental Health Services Administration (SAMSHA)

SAMSHA is the lead agency within the U.S. Department of Health and Human Services, dedicated to the advancement of public behavioral health. Their mission is to reduce the impact of substance abuse and mental health on communities across the country.

Resources for Educators

1. Division for Emotional & Behavioral Health (DEBH)

As a Special Interest Division of the Council for Exceptional Children (CEC), the DEBH is dedicated to supporting the professional development and enhancing the expertise of those who work on behalf of children with challenging behavior and their families. The DEBH is committed to students who are identified as having emotional and behavioral disorders and those whose behavior puts them at risk for failure in school, home, and/or community. The DEBH supports prevention of problem behavior and enhancement of social, emotional, and educational well-being of all children and youth.

2. Center for Positive Behavioral Interventions and Supports (PBIS)

The Office of Special Education Programs (OSEP) technical assistance center provides resources on positive interventions and supports for schools and educators to implement multi-tiered systems to support students academically, emotionally, and behaviorally. Good source of resources for educators.

3. IDEAs that Work

OSEP website that provides access to information from research to practice initiatives funded by the agency to improve outcomes for students with disabilities.

4. National Center on Intensive Intervention (NCII)

Housed at the American Institutes for Research (AIR), the NCII works to support implementation of data-based individualization in reading, math, and behavior for students with severe and persistent learning and/or behavioral needs. Supported by OSEP, the Center provides a variety of resources for educators.

5. What Works Clearinghouse (WWC)

The What Works Clearinghouse is devoted to reviewing studies and identifying those that have credible and reliable evidence of effectiveness in improving outcomes for students. The WWC has a topical area on student behavior, as well as many others related to quality instruction.

6. IRIS Center

Located at Vanderbilt University, the IRIS Center has a wealth of resources on a variety of topics that provide professional development on improving educational outcomes for all students, especially those with disabilities. A number of resource topics are particularly relevant to educating students with emotional disturbance.

7. Center for Effective Collaboration and Practice (CECP)

The mission of the Center is to support and promote effective practices in working with students at risk of developing emotional disturbance. Located at the American Institutes for Research, this Center is funded by the US Department of Education and OSEP.

8. National Technical Assistance Center on Transition (NTACT)

The NTACT is a federally-funded demonstration project that provides resources to states and districts on the implementation of evidence-based practices for transition services.

Links to Additional Resource Documents

1. Evidence-Based and Promising Practices

Interventions for Disruptive Behavior Disorders, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2011.

2. Reducing Behavior Problems in the Elementary Classroom:

A Practice Guide, National Center for Education Evaluation and Regional Assistance, Institute of Education Sciences, U. S. Department of Education, 2008.

3. Advancing Education Effectiveness:

Interconnecting School Mental Health and School-Wide Positive Behavior Support, National Technical Assistance Center on PBIS, IDEA Partnership, Center for School Mental Health, 2013.

4. SAMSHA's Concept of Trauma and Guidance for a Trauma-Informed Approach, SAMSHA Trauma and Justice Strategic Initiative, 2014.

5. Effective Programs for Emotional and Behavioral Disorders, Hanover Research, 2013.

6. Teaching Students with Severe Emotional Disorders:

Best Practices Guide to Intervention, WA Office of Public Instruction, Seattle University School of Education, 2005.

7. Transition Tips for Educators Working with Students with Emotional and Behavioral Difficulties, Cheney, Intervention in School and Clinic, 2012.

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Section X. List of Appendices

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Systematic Screening Tools for Early Intervention

Systematic Screening Tools			
Title	Publisher	Ages	Comments
Ages and Stages Questionnaires: Social, Emotional, Third Edition (ASQ-3)	Brookes Publishing 2009	3 months through age 5	Utilizes parent report to screen social and emotional development of young children.
Systematic Screener for Behavior Disorders (SSBD), 2nd Ed.	Walker & Severson, 1992 Pacific Northwest Publishing	Pre K- grade 9	Online edition of evidence-based screening tool for students at risk of internalizing and externalizing behaviors.
Behavioral and Emotional Screening System (BASC 3- BESS)	Pearson Assessments 2015	Pre- 12	Screening system for measuring behavioral and emotional strengths and weaknesses; Tier 1. 5 to 10 minutes to complete.
Social Skills Improvement System (SSIS)	Pearson Assessments	Ages 3-19	Evidence-based, multi-tiered assessment and intervention system to help develop and maintain social skills. May be used for universal screenings.
Student Risk Screening Scale (SRSS)	Drummond, 1993	All ages; originally developed for elementary.	Free instrument, included in this document. Identifies risk status of students rated.
Strengths and Difficulties Questionnaire (SDQ)	Goodman, 2001	Ages 3-16	Free screening instrument available online, existing in several versions

Prevent Teach Reinforce (PTR)

Functional Behavior Assessment and Behavior Intervention Plans Resources

PTR is the Functional Behavioral Assessment (FBA)/Behavior Intervention Plan (BIP) method supported by the NDDPI Special Education Office. The PTR Model is the only method, to date, that has been subjected to rigorous research methods. PTR is standardized and has a published manual (Dunlap et al., 2010) with specific steps and activities designed to develop an effective BIP.

PTR training materials and tools can be found on the following NDDPI website.

PTR Tools

Step 1: PTR Secondary Goal Setting Student

- Goal setting (student version)

- Goal setting (table format)

- Goal setting with broad goals

- Goal setting (version 2)

- Guiding questions for setting up IBRST (Individualized Behavior Rating Scale Tool)

- IBRST (Individualized Behavior Rating Scale Tool)

Step 2: PTR Assessment (student version, one teacher)

- PTR Assessment Summary Table

- PTR FBA (secondary, multiple teachers)

- PTR FBA (secondary, one teacher)

- PTR Functional Assessment (elementary)

- PTR Functional Assessment Routine Analysis (elementary)

- PTR FBA (student, multiple teachers)

- Efficient FBA Facts

Step 3: PTR Interventions Checklist (secondary)

- PTR (secondary student)

- PTR Plan Assessment

- Behavior Intervention Plan

- PTR Intervention Checklist (elementary)

Step 4: Alliance

- Step 4

- Usage Rating Profile

PTR Intervention Fact Sheets

ABC Data Collection Sheet

Initial, date and record the time, antecedent, behavior, and consequence of behavioral episodes observed in the boxes below.

Date:					
Initials:					
Time:					
Antecedent: Describe the situation or event that takes place just before the behavior occurs. (The child was asked to sit in his chair.)					
Behavior: Name the behavior and describe its characteristics. (Hitting – The child hit the wall with great intensity four or five times using his right hand.)					
Consequence: Describe consequences of the behavior or any behavioral techniques used. (Time Out, Over correction...)					
General Notes: Document where the behavior occurred or any other useful information.					

Date: ____/____/____ Name of Person Observed: ____ Observer: ____

Observer: _____

Name of Person Observed: _____


Behavior(s):

Directions: At the end of each time interval, fill in the square indicating the appropriate time and date on the chart using the code given below:

— \square = nonbehavior

$\square = 2\text{-}7$ occurrences

$\square = 7-10$ occurrences



[illegible]

Adapted from: Touchette, P. E., MacDonald, R. F., & Langer, S. N. (1986).
A scatterplot for identifying stimulus control of problem behavior. *Journal of Applied Behavior Analysis*, 18, 363-361.

																	Date
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	------

Student Risk Screening Scale (SRSS)

Student Internalizing Behavior Screening Scale (SIBSS)

Teacher Name:		<div>0 = Never</div> <div>1 = Occasionally</div> <div>2 = Sometimes</div> <div>3 = Frequently</div>		For the SRSS and SIBBS separately		9-21 indicates high risk		<div>4-8 indicates moderate risk</div> <div>0-3 indicates low risk</div>		Use the above scale to rate each item for each student.					
										Student Internalizing Behavior Screening Scale (SIBSS) Internalizing Behaviors					
										Student Risk Screening Scale (SRSS) Externalizing Behaviors					
										Total					
										Complaints about Being Sick or Hurt					
										Sad or Unhappy					
										Withdrawn					
										Low Academic Achievement					
										Spends Time Alone					
										Bullied by Peers					
										Nervous or Fearful					
										Total					
										Aggressive Behavior					
										Negative Attitude					
										Low Academic Achievement					
										Peer Rejection					
										Behavior Problem					
										Lie, Cheat, Sneak					
										Steal					
										Student Name					

Standardized Assessments of Behavior

Behavioral Assessments			
Title	Publisher	Ages	Comments
Achenbach System of Empirically Based Assessment (ASEBA)	ASEBA	Pre and school age	Comprehensive evidence-based assessment system
Behavior Assessment System for Children, 3rd Ed. (BASC-3)	Pearson Assessments	2- 18 years	Comprehensive rating system includes scales for teacher, parent, self-report, student observation system and a structured developmental history.
Conners Comprehensive Behavior Rating Scales (CBRS)	Pearson Assessments	8-18 (self-report)	Assesses a wide range of emotional, behavioral, social and academic issues in school-aged youth.
Behavior and Emotional Rating Scale-Second Edition (BERS-3)	WPS Publishing	Ages 5 - 18	Measures behavior from the perspective of the student, teacher, and family.
Children's Depression Inventory (CDI-2)	Pearson Assessments	7-17	Self-report test that helps assess cognitive, affective, and behavioral signs of depression.
Emotional Disturbance Decision Tree (EDTT)	PAR Publishing	5 - 18	Assists in the identification of children for special education under the category of emotional disturbance per federal criteria.
Scales for Assessing Emotional Disturbance, 3rd Edition (SAED-3)	WPS Publishing	5-18	Assists in identification of students with emotional disturbance with 3 components.

Determination of Eligibility: Emotional Disturbance

The MDT has addressed each of the following statements and has determined: (IDEA 34 CFR 300.304(C)(6) and 300.306(b).	
<input type="checkbox"/> Yes <input type="checkbox"/> No	1. The evaluation is sufficiently comprehensive to appropriately identify all of the student's special education and related service needs, whether or not commonly linked to the disability category. <i>(Answer must be "yes" to be eligible for services)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. The student can receive reasonable benefit from general education alone. <i>(Answer must be "no" to be eligible for services.)</i>
<input type="checkbox"/> Is <input type="checkbox"/> Is not <input type="checkbox"/> Is <input type="checkbox"/> Is not <input type="checkbox"/> Is <input type="checkbox"/> Is not	3. The student's performance: <i>(All answers below must be "is not" to be eligible for services)</i> due to a lack of appropriate instruction in reading; due to a lack of appropriate instruction in math; and due to a limited English proficiency.
To be eligible as a student with an Emotional Disturbance, there must be evidence that the student's social or emotional functioning meets one or more of the following criteria: (IDEA 34 CFR 300.84(4)(i))	
<input type="checkbox"/> Yes <input type="checkbox"/> No	An inability to learn that is not primarily the result of intellectual, sensory, or other health factors; and/or
<input type="checkbox"/> Yes <input type="checkbox"/> No	An inability to build or maintain satisfactory interpersonal relationships with peers and teachers; and/or
<input type="checkbox"/> Yes <input type="checkbox"/> No	Inappropriate types of behavior or feelings under normal circumstances; and/or
<input type="checkbox"/> Yes <input type="checkbox"/> No	A general, pervasive mood of unhappiness or depression; and/or
<input type="checkbox"/> Yes <input type="checkbox"/> No	A tendency to develop physical symptoms or fears associated with personal or school problems.
The term Emotional Disturbance does not apply to students who are socially maladjusted, unless it is determined that the student meets the criteria for emotional disturbance in addition to being socially maladjusted.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The MDT has determined that the student is not a student whose sole area of identified concern is social maladjustment. <i>(Answer must be "yes" to continue with eligibility determination.)</i>
The Emotional Disturbance, as described above, prevents the student from receiving education benefit from general education, as evidence by one or both of the following criteria:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Academic functioning; an inability to receive reasonable education benefit from general education which is not primarily the result of intellectual, sensory, or other health factors, but is due to the emotional disturbance; and/or

<input type="checkbox"/> Yes <input type="checkbox"/> No	Social/emotional functioning: an inability to build or maintain satisfactory interpersonal relationships, which significantly interferes with the student's social development, including social skills and adaptive behaviors.																				
All three of the following qualifiers have been documented for either of the above criteria:																					
<input type="checkbox"/> Yes <input type="checkbox"/> No	Characteristics of emotional disturbance exist to a marked degree; at a rate and intensity above that of the student's peers and outside of his/her cultural norms and range of normal developmental expectations; and																				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Characteristics of emotional disturbance are pervasive; observable in at least two different settings with the student's environment. For students attending school, one of the environments shall be at school; and																				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Characteristics of emotional disturbance have existed over a long period of time, and are not isolated incidents, or transient, situational responses to stressors in the student's environment.																				
<input type="checkbox"/> Yes <input type="checkbox"/> No	The student has met criteria to be identified as a student with an emotional disturbance, and is eligible for special education and related services.																				
<table border="1"> <thead> <tr> <th>MDT Member Signature</th> <th>Title</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>		MDT Member Signature	Title	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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☐ A copy of the IWAR has been provided to the parents/guardians.

Marzano's (Nine) High-Yield Instructional Strategies


By Robert J. Marzano

Adapted from the book: Classroom Instruction that Works: Research-based Strategies for Increasing Student Achievement, by Robert Marzano (2001)

High Yield Instructional Strategies	What the Research says:	How it looks in the Classroom:
Identifying similarities and differences (Yields a 45 percentile gain)	Students should compare, classify, and create metaphors, analogies and non-linguistic or graphic representations	Thinking Maps, T-charts, Venn diagrams, classifying, analogies, cause and effect links, compare and contrast organizers QAR (Question/Answer/Relationship), sketch to stretch, affinity diagrams, Frayer model (see below)
Summarizing and note taking (Yields a 34 percentile gain)	Students should learn to eliminate unnecessary information, substitute some information, keep important information, write / rewrite, and analyze information. Students should be encouraged to put some information into own words.	Teacher models summarization techniques, identify key concepts, bullets, outlines, clusters, narrative organizers, journal summaries, break down assignments, create simple reports, quick writes, graphic organizers, column notes, affinity diagrams , etc.

Reinforcing effort and providing recognition (Yields a 29 percentile gain)	Teachers should reward based on standards of performance; use symbolic recognition rather than just tangible rewards.	Hold high expectations, display finished products, praise students' effort, encourage students to share ideas and express their thoughts, honor individual learning styles, conference individually with students, authentic portfolios, stress-free environment, high-fives, Spelling Bee, Constitution Day, School Newspaper, etc.
Homework and practice (Yields a 28 percentile gain)	Teachers should vary the amount of homework based on student grade level (less at the elementary level, more at the secondary level), keep parent involvement in homework to a minimum, state purpose, and, if assigned, should be debriefed.	Retell, recite and review learning for the day at home, reflective journals, parents are informed of the goals and objectives, grade level teams plan together for homework distribution; SLCs; teacher email.
Nonlinguistic representations (Yields a 27 percentile gain)	Students should create graphic representations, models, mental pictures, drawings, pictographs, and participate in kinesthetic (hands-on) activities in order to assimilate knowledge.	Visual tools and manipulatives, problem-solution organizers, spider webs, diagrams, concept maps, drawings, charts, thinking maps, graphic organizers, sketch to stretch, storyboards, foldables, act out content, make physical models, etc.
Cooperative learning (Yields a 23 percentile gain)	Teachers should limit use of ability groups, keep groups small, apply strategy consistently and systematically but not overuse. Assign roles and responsibilities in groups.	Integrate content and language through group engagement, reader's theatre, pass the pencil, circle of friends, cube it, radio reading, shared reading and writing, plays, science projects, debates, jigsaw, group reports, choral reading, affinity diagrams, Students tackle TAKS word problems in groups and explain their answers, etc.
Setting objectives and providing feedback (Yields a 23 percentile gain)	Teachers should create specific but flexible goals, allowing some student choice. Teacher feedback should be corrective, timely, and specific to a criterion.	Articulating and displaying learning goals, KWL, contract learning goals, etc. Teacher can display objectives on the in-focus projector and follow-up on the mastery of the objective at the end of the lesson.

Generating and testing hypothesis (Yields a 23 percentile gain)	Students should generate, explain, test and defend hypotheses using both inductive and deductive strategies through problem solving, history investigation, invention, experimental inquiry, and decision making.	Thinking processes, constructivist practices, investigate, explore, social construction of knowledge, use of inductive and deductive reasoning, questioning the author of a book, finding other ways to solve same math problem, etc.
Questions, cues, and advance organizers (Yields a 22 percentile gain)	Teachers should use cues and questions that focus on what is important (rather than unusual), use ample wait time before accepting responses, eliciting inference and analysis. Advance organizers should focus on what is important and are more useful with information that is not well organized.	Graphic organizers , provide guiding questions before each lesson, think alouds, inferencing, predicting, drawing conclusions, skim chapters to identify key vocabulary, concepts and skills, foldables , annotating the text, etc.

HIGH-YIELD INSTRUCTIONAL STRATEGIES SIMILARITIES AND DIFFERENCES	T-Chart	Comparison Matrix												
<p>There are four basic types of tasks that focus on identifying similarities and differences for knowledge development:</p> <ul style="list-style-type: none"> →Comparing →Classifying →Creating Metaphors →Creating Analogies <p>Identifying similarities and differences</p>	<p>Looks like.....Sounds like Cause.....Effect Compare.....Contrast Pro.....Con</p>  <p>Identifying similarities and differences</p>	<table border="1"> <thead> <tr> <th></th><th>Name 1</th><th>Name 2</th></tr> </thead> <tbody> <tr> <td>Attribute 1</td><td></td><td></td></tr> <tr> <td>Attribute 2</td><td></td><td></td></tr> <tr> <td>Attribute 3</td><td></td><td></td></tr> </tbody> </table> <p>Used to show similarities and differences between two things (people, places, events, ideas, etc.).</p> <p>Key frame questions: What things are being compared? How are they similar? How are they different?</p> <p>Identifying similarities and differences</p>		Name 1	Name 2	Attribute 1			Attribute 2			Attribute 3		
	Name 1	Name 2												
Attribute 1														
Attribute 2														
Attribute 3														

Cause and Effect Links

A *cause* is something that makes something else happen. Out of two events, it is the event that happens first. To determine the cause, ask the question "Why did it happen?"

An *effect* is what happens as a result of the cause. Of two related events, it's the one that happens second or last. To determine the effect, ask the question "What happened?"

At times conjunctions (connecting words) are used to link the cause and effect.

Examples of common conjunctions (connecting words) are:

since
therefore
the reason for

as a result
consequently
thus
due to + noun phrase

because
due to the fact
so
because of +noun phrase

the cause of
nevertheless
has led to

[Identifying similarities and differences](#)

Venn Diagrams

[Identifying similarities and differences](#)

Compare and Contrast Text/Character Comparison

The Life Events of:	Me, Too	Explanation
<hr/>		

[Identifying similarities and differences](#)

Frayer Model

Definition	Illustration
Word/Phrase/ Concept	
Example	Non-example

[Identifying similarities and differences](#)

Sketch to Stretch



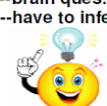
1. Students listen as a story, article, or poem is read to them.
2. Students draw a picture that expresses:
 - how the story, article or poem makes them feel
 - what they think story, article or poem story means
 - what they think the author looks like
 - anything that comes to mind during the reading
3. Students explain their drawing to a partner/small group.



[The class discusses the similarities/differences in their pictures.](#)

Question/Answer/Relationships (QAR)

(Also related to "Book and Brain")

"Right there" (In the text) --book ques.-- 	"Think and Search" (text + my thinking) --book and brain-- 	"In my head" (my thinking only) --brain ques.-- --have to infer 

[Identifying similarities and differences](#)

Classifying



__ate family



__at family

Sort the word cards (or pictures)
into the correct bucket.

[Identifying similarities and differences](#)

Comparing Frame

FRACTIONS and DECIMALS are **similar**
because they both

FRACTIONS and DECIMALS are **different**
because

fractions _____, but decimals _____.
 fractions _____, but decimals _____.
 fractions _____, but decimals _____.

[Identifying similarities and differences](#)

Creating Analogies

Analogies help us see how seemingly dissimilar things are similar, increasing our understanding of new information.

Ex: core is to earth as nucleus is to atom.

Thermometer ...is to... Temperature
as

odometer ...is to... speed

(Both measure things)

[Identifying similarities and differences](#)