SPECIAL EDUCATION IN NORTH DAKOTA

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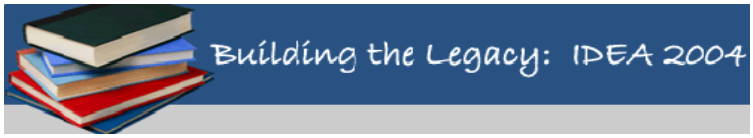
Guidelines for Serving Students with an Emotional Disability in Educational Settings



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.

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

Based on data reported by the U.S. Department of Education, when looking at all students served in special education under IDEA, students with an Emotional Disability (ED) comprise roughly 4% of the total population. Historically, about 1% of the total school-aged population has been identified with ED, a figure that held steady for nearly 30 years. This suggests that while the overall percentage of students with disabilities identified with ED has fluctuated slightly, the broader population rate remains consistent.

In North Dakota, the December 2023 Child Count revealed that 7.4% of all students identified as having a disability under IDEA were found to be eligible under the category of emotional disability (including primary or secondary disability). The trend in North Dakota has shown slight fluctuation in the number of students identified with ED in recent years, but overall, this population has remained stable. Yet schools still feel increasing pressure to effectively address students' emotional and behavioral needs.

Identification Rates vs. Prevalence Rates

Identification rates, such as those discussed above, exclude 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 students with an emotional or behavioral disability.

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.

Based on reports from the American Academy of Pediatrics and the CDC in 2025, the Point prevalence of emotional and behavioral disorders is estimated to be about 20% of children. While cumulative prevalence is estimated to be about 40% of children by age 18 (an increase of 15% since 2022). Actual prevalence can be hard to determine due to underdiagnosis and disparities in access to care.

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. The Multi-Tiered System of Supports (MTSS) is a framework that provides a systematic, data-driven approach to addressing the academic, behavioral, and social-emotional needs of all students.

Outcomes for Students with an Emotional Disability

Improving outcomes for students with emotional disabilities remains a critical priority in education. What Works Clearing House reports that students with ED have the highest dropout rate of any IDEA disability category, with up to 44% leaving school without graduating. Only 20% of these youth enroll in any form of postsecondary education. ED often coexists with learning difficulties, poor attendance, and lower achievement scores, especially when emotional needs are unmet. Youth with ED report higher rates of substance use, arrests, and probation than peers with other disabilities. Many struggle to find meaningful employment or community involvement after high school, with some living in foster care, mental health facilities, or under legal guardianship. 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 (U.S. DOE, 2007).

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

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 Disability?

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 4% 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 as a student with an emotional disability. 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.

> **Note:** North Dakota adheres to the federal definition of *emotional disturbance* for eligibility purposes. However, under the North Dakota Century Code 15.1-32-01, this eligibility category has been retitled as *emotional disability*, while maintaining alignment with the federal criteria.

Educational Definition of Emotional Disability

34 CFR §300.8 (4)(i)	**Emotional Disturbance means:**
	A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance: 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. 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.

Therefore, 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 emotional disability. Additional information on MDTs and the evaluation process can be found in the NDDPI *Evaluation Process* guidance on the NDDPI website. 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 insight into the scope of a student's needs.
- Special education teachers/providers- Contribute expertise in assessment and interpretation of suspected disabilities.
- General education teacher- Serves as a key MDT member due to their knowledge of student performance within the general curriculum.
- An individual who can interpret the instructional implications of evaluation results- Links assessment results to classroom function, often fulfilled by the school psychologist.
- Other individuals with specific expertise - such as counselors, behavior therapists, speech-language pathologists, and mental health professionals—contribute specialized knowledge based on the student's identified needs through the intervention process. Where appropriate, outside agency personnel, private providers, or others with relevant information may also 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.

To interpret the criteria for an emotional disability in a way that promotes consistency in identification practices across the state of North Dakota, several 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 an emotional disability 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 an emotional disability. 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 an emotional disability.

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, Identifying and Educating Students with an Emotional Disability, 2022; CO Guidelines for Determining Eligibility for Special Education Students with Serious Emotional Disturbance, 2025.)

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

Five Characteristics that Define an Emotional Disability:

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

   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 summary, 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 because of a disability does not make a student eligible under the category of an emotional disability.

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;
- Difficultly 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. Using developmental norms to compare a child's behavior with peers in similar situations can help determine if that behavior is atypical or concerning.

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.

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." Research continues to affirm that symptoms of depression vary significantly across age and gender. Adolescents, particularly girls, are more likely to present with mood swings and neurovegetative symptoms, while boys may externalize distress through defiance or irritability—differences rooted in both biology and social norms (Psychiatry Redefined, 2025). These nuanced patterns are also highlighted in a 2024 longitudinal study from JAMA Network Open, which links adolescent depression symptoms to poorer mental health outcomes in young adulthood (JAMA Network Open, 2024). 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 day, nearly every day (e.g., feeling sad, empty or hopeless);

- 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 or restlessness 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 appear restless?
- 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 Office of Special Education Programs (OSEP) has offered guidance that a long period of time may range from two to nine months, assuming that preliminary interventions have been implemented and shown to be ineffective during that time (OSEP,1989). The intent of the language is to avoid identifying a student as emotionally disabled 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 (OSEP, 1989).

   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 disability 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 an adverse effect on educational performance will not be solely based on test scores but must also consider overall school performance and recognize discrepancies in actual and expected performance in the areas of functioning listed above.

Emotional Disability 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 an emotional disability, 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 an Emotional Disability: Socially Maladjusted

The definition of an emotional disability excludes students who may be socially maladjusted, unless they are determined to have an emotional disability. "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 an emotional disability and social maladjustment may display many similar characteristics, which complicates the task of MDTs in excluding students who are socially maladjusted from identification as having an emotional disability. 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 an emotional disability. 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 disability.

Common Characteristics

Social Maladjustment	Emotional Disability
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.

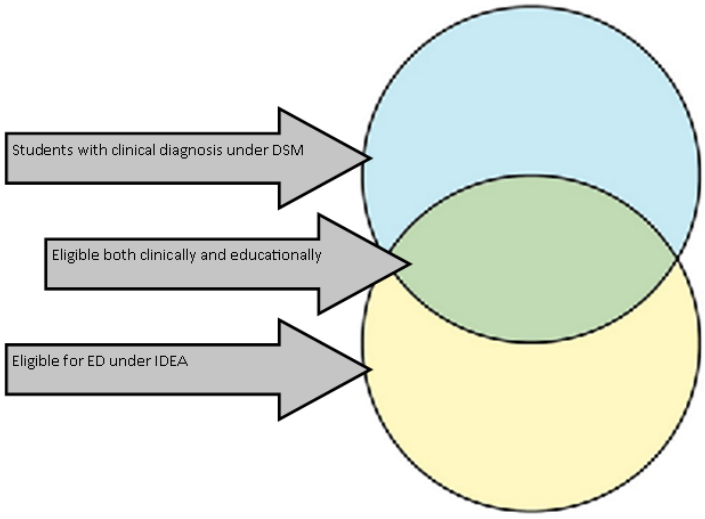
Common Characteristics	
Social Maladjustment	**Emotional Disability**
5. Often a risk taker or "daredevil."	5. Resists making choices or decisions.
6. Substance abuse more likely with peers.	6. Substance abuse more likely individually.
Educational Performance	
1. Tends to dislike school except as a place 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 an Emotional Disability

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 disability; 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 disability may be represented in the following diagram:



Typical clinical diagnoses that do not automatically qualify a student with an emotionally disability may include, but are not limited to:

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

Note: 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 an Emotional Disability

An emotional disability is frequently a comorbid condition with many 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 an Emotional Disability

- Other health impairment, primarily ADHD
- Conduct Disorder
- Oppositional Defiant Disorder
- Specific learning disability
- Autism spectrum disorders
- Speech and language disability
- Anxiety Disorders
- Depression
- Obsessive-Compulsive Disorder (OCD)
- Post-Traumatic Stress Disorder (PTSD)
- Substance Abuse Disorders (SUD)

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 an emotional disability, if the issues that most impact educational performance relate more to an emotional disability, 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 disability. The National Association of School Psychologists (2020 & 2022) suggests practitioners avoid rigid interpretations and instead focus on how the student's behavior interferes with learning and participation, aligning with IDEA's requirement for adverse educational impact.

Challenges when Educating Students with an Emotional Disability

Students who meet the IDEA criteria for an emotional disability 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
- Executive Function
- 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.

The National Association of School Psychologists recommends that schools implement comprehensive, multi-tiered intervention plans for students with emotional and behavioral needs. These plans should include:

- Individual academic and curricular supports
- Collaborative consultation with teachers, families, and service providers
- Individual and group counseling
- Social-emotional learning and skills training
- Career, vocational, and transitional planning
- Crisis prevention and response strategies
- Partnerships with community mental health agencies
  (NASP Practice Model, 2020; NASP Position Statement on Disability Identification, 2022)

Summary: What Is an Emotional Disability?

Determining eligibility under the category of an emotional disability 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 disability criteria, 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 an emotional disability 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 having an emotional disability, 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

Early identification and intervention for students with emotional and behavioral challenges can significantly reduce the severity and persistence of symptoms, lowering the risk of long-term negative outcomes (Eklund et al., 2010; Lipkin & Macias, 2020). Students who build strong social and behavioral regulation skills are less likely to engage in disruptive or maladaptive behaviors (Salerni & Messetti, 2025; Wu et al., 2025). Without timely support, students at risk may experience compounding difficulties—including academic failure, peer rejection, substance use, and delinquent behavior (Kulkarni, Sullivan, & Kim, 2021; Reinke et al., 2008). When problem behaviors and related academic struggles persist into later school years, the likelihood of developing internalizing disorders (e.g., depression, anxiety) and externalizing behaviors (e.g., aggression, defiance) increases (Gabriel & Börnert-Ringleb, 2023; Wu et al., 2025).

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

Schools across North Dakota are implementing North Dakota's Multi-Tier System of Supports (NDMTSS) 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? NDMTSS is designed to help schools/districts develop a school-wide support system for academics and behavior.

NDMTSS is a framework to provide all students with the best opportunities to succeed academically, socially, emotionally, and behaviorally in school. NDMTSS 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, exited from "RtI," or be "done with RtI". NDMTSS Essential Components include:

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

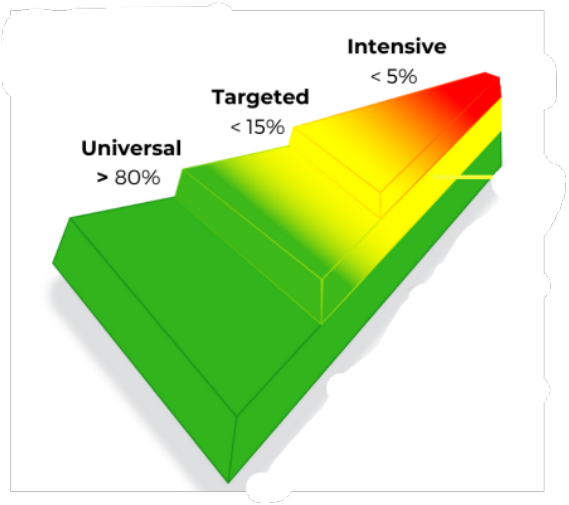
Information and resources can be found on the NDMTSS website.

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.

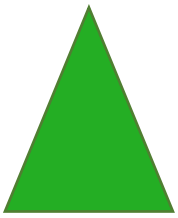
Screening for problem behaviors becomes the first step in preventing more serious, debilitating behaviors—and perhaps identification as a student with an emotional disability. In such a screening program, all students in the early grades would be screened for risk factors of potential behavioral difficulties 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 exceeds 4% 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*. Information about the evaluation process in this document will speak specifically to eligibility considerations for a student who may have an emotional disability.

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.
- 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:

Significant attention must be given to federal regulations to prevent the disproportionate representation of culturally and linguistically diverse (CLD) students in special education—a persistent concern for over four decades (Morgan, 2020; NEA, 2024). Research continues to show that Black, Native American, and English language learners (ELLs) are overrepresented in subjective IDEA categories such as emotional disturbance and intellectual disability, often due to implicit bias, misidentification, and inequitable access to quality instruction (Counts, Katsiyannis, & Whitford, 2018; NEA, 2024). Multidisciplinary teams (MDTs) must carefully consider cultural context, language acquisition, and systemic factors when evaluating student behavior to ensure accurate identification and avoid inappropriate placement (Hoover & Klingner, 2011; MAEC, 2016).

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)(4), 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. 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 disability category.

It is very important for the MDT to respect that the identification of a student as having an emotional disability under IDEA may have long-term educational, social, and vocational consequences. 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 an emotional disability vs. social maladjustment, it should consider including an assessment in the plan that differentiates the two. The Emotional Disturbance Decision Tree (Euler, 2007), The Scales for Assessing Emotional Disturbance, Second Edition (Epstein & Cullinan, 2010), Differential Scales of Social Maladjustment and Emotional Disturbance (Ehrler, 2009), and the Differential Test of Conduct and Emotional Problems (Kelly, 1990) may be useful in this regard.

Evaluation tools: "Full and Individual Evaluation"

The MDT may choose to utilize the following tools:

- 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, 2025)

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 disability 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, 2022)

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 an emotional disability. The MDT should proceed by 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))**. North Dakota adheres to the federal definition of *emotional disturbance* for eligibility purposes. However, under the North Dakota Century Code § 15.1-32-01, this eligibility category has been reclassified as *emotional disability*, while maintaining alignment with the federal criteria.

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

Determination of Eligibility: Emotional Disability

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 disability, the MDT must present evidence that the student's social or emotional functioning meets one or more of the following criteria: *(check all that apply)* (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.

Additional information on these criteria can be found on pages 8 to 13 of this guidance.

Exclusionary Clause

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

The term "emotional disability" does not apply to students who are socially maladjusted, unless it is determined that they have an emotional disability 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 an emotional disability.

Adverse Effect on Educational Performance

The MDT must determine that the emotional disability 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 disability 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 disability; 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

The emotional disability 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):*		
		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 disability 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 an emotional disability 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 an emotional disability are pervasive and observable in at least two different settings in the student's environment; and
Yes	No	Characteristics of an emotional disability 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.

Additional information on the criteria above can be found on page 13 of this guidance.

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 disability.

Summary: Evaluation and Eligibility

Making the determination of eligibility under the category of an emotional disability 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.

Determination of Eligibility: Emotional Disability

The MDT has addressed each of the following statements and has determined: (IDEA 34 CFR 300.304(C)(6) and 300.306(b).		
☐ **Yes** ☐ **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. *(Answer must be "yes" to be eligible for services)*
☐ **Yes** ☐ **No**		2. The student can receive reasonable benefit from general education alone. *(Answer must be "no" to be eligible for services.)*
		3. The student's performance: *(All answers below must be "is not" to be eligible for services)*
☐ **Is**	☐ **Is not**	due to a lack of appropriate instruction in reading;
☐ **Is**	☐ **Is not**	due to a lack of appropriate instruction in math; and
☐ **Is**	☐ **Is not**	due to a limited English proficiency.
To be eligible as a student with an Emotional Disability, 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)		
☐ **Yes** ☐ **No**		An inability to learn that is not primarily the result of intellectual, sensory, or other health factors; **and/or**
☐ **Yes** ☐ **No**		An inability to build or maintain 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 term Emotional Disability does not apply to students who are socially maladjusted, unless it is determined that the student meets the criteria for an emotional disability in addition to being socially maladjusted.		
☐ **Yes** ☐ **No**		The MDT has determined that the student **is not** a student whose sole area of identified concern is social maladjustment. *(Answer must be "yes" to continue with eligibility determination.)*
The Emotional Disability, as described above, prevents the student from receiving education benefit from general education, as evidence by **one or both** of the following criteria:		
☐ **Yes** ☐ **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 disability; and/or

☐ **Yes** ☐ **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:	
☐ **Yes** ☐ **No**	Characteristics of an emotional disability 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**
☐ **Yes** ☐ **No**	Characteristics of an emotional disability 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**
☐ **Yes** ☐ **No**	Characteristics of an emotional distability have existed over a long period of time, and are not isolated incidents, or transient, situational responses to stressors in the student's environment.
☐ **Yes** ☐ **No**	**The student has met criteria to be identified as a student with an emotional disability, and is eligible for special education and related services.**

MDT Member Signature	**Title**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

☐ A copy of the IWAR has been provided to the parents/guardians.

Section V. IEP Development

Following the MDT's determination that a student has met the eligibility criteria for an emotional disability in North Dakota, the IEP team will meet to outline a plan to address the student's needs identified through the assessment process. The initial IEP must be developed and implemented within 30 days of the initial 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 disability 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 that a student with an emotional disability is 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.

IEP Team

The IEP team is identified in **34 CFR §300.321** and discussed in detail in the NDDPI document Guidelines: Individual Education Program Planning Process. Please refer to the NDDPI guidance to learn more about what is required in the IEP. This guidance document will cover considerations for writing an IEP for students with an emotional disability.

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 disability, 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 disability 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 disability 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.

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 disability is not simply defined in academic terms. Complex needs related to the characteristics of an emotional disability should be recognized and addressed by the IEP team.

The IEP team is encouraged to identify specific supports for a student with an emotional disability 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 contributes 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 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.

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 disability, the special factor of behavior impeding learning **should be checked.** Identification as a student with an emotional disability 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 specially designed instruction. Not all areas of need will require specially designed instruction (i.e., slow processing speed may require classroom accommodations that allow additional time for assignments). Those areas that do require specially designed instruction will also require annual goals.

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 an Emotional Disability:

- 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.
- If a child is on a behavior intervention plan (BIP) consider listing the progress monitoring goal in the IEP. This will ensure parents receive reports on progress toward the goal.

Periodic Review of Services

Parents must receive periodic updates on their students' progress in the general education curriculum and toward achieving the annual goals included in their IEP. The IEP team determines this schedule and documents it 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 an emotional disability, 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 no later than the first IEP to be in effect when the child is 16 years of age, or earlier if determined by the IEP Team.

Transition services are outlined in IDEA in 34 CFR §300.43.

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 an emotional disability 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 an emotional disability 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 disability 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 enhance 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 an emotional disability 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 disability connected to school. Agency supports and mentoring relationships within the community are important links beyond the school campus.

For more, the NDDPI maintains resources for secondary transition on its webpage under special education.

Adaptations of Educational Services

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

(34 CFR §300.39(3)) Adapting, as appropriate to the needs of the eligible child under this part, the content, methodology, or delivery of instruction –

i. To address the unique needs of the child that result from the child's disability; and
ii. 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**.

> **Note:** For additional information on specially designed instruction, please refer to the NDDPI website and the guidance document titled *Promoting Progress Through Specially Designed Instruction (SDI).*

Supplementary Aids and Services

Adaptations of services include supplementary aids and services that are critical to the participation of the student with an emotional disability in the general education classroom as well as other extracurricular and nonacademic activities. IDEA defines supplementary aids and services in 34 CFR §300.42.

Behavior Supports/FBA/BIP

A Behavior Intervention Plan (BIP) for a student with an emotional disability 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 may be required for a student with a disability who faces a manifestation determination for a serious violation of the school's code of conduct. The NDDPI has a *Discipline Regulations Policy Paper* 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 on the NDDPI website in the *FBA & BIP Guide.*

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 disability. The IEP team should strive to tell that story as completely as possible and with as much detail as is necessary 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.

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.

The Placement Determination

The LRE decision is the last of a series 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, which 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 disability 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 an emotional disability 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 an emotional disability 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

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 an emotional disability. 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 an emotional disability, 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 supports (NDMTSS), 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 an emotional disability.

Core Features of Classroom Interventions and Supports

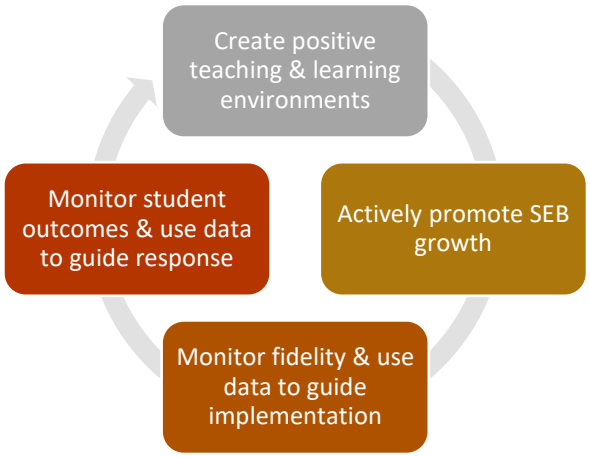
Organizing for instruction, whether in the general education environment or in the special education environment, must involve consideration of both prevention and intervention strategies to promote positive outcomes for students with an emotional disability. Ideally, such strategies are already part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

Evidence-based classroom strategies are maximized when:

- Effective classroom strategies are most impactful when embedded in multi-tiered system that address academic, behavioral, and social-emotional needs simultaneously.
- Classroom practices should be explicitly aligned with school-wide expectations and interventions, ensuring consistency and clarity for students across settings. (Kearney, 2020) (Simonsen, 2024)
- Strategies must be culturally responsive, differentiated, and grounded in universal design for learning (UDL) principles to meet diverse learner needs. (Novak, 2023) (Kieran, 2019)
- Schools are increasingly using Early Warning Systems (EWS), universal screening, and progress monitoring tools to guide instruction and intervention planning. (Wilcox, 2021)
- Ongoing training, performance feedback, and collaborative planning are essential to ensure teachers can implement evidence-based practices with fidelity.
- Newer models emphasize student-centered learning, including goal-setting, self-monitoring, and active participation in behavior and academic planning. (Wilcox, 2021) (IES, 2020)

These updates reflect a shift toward whole-child approaches, systemic coherence, and continuous improvement cycles within MTSS.

Steps to Support & Respond to Students' Social-Emotional-Behavioral (SEB) Needs



(Center on PBIS, 2025)

The document *Supporting and Responding to Students' Social, Emotional, and Behavioral Needs: Evidence-Based Practices for Educators* (2025), which includes matrices for each core feature listed in the graphic above can be found on the PBIS 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, differentiated academic instruction remains the first line of defense in promoting positive outcomes for students with an emotional disability. When students are actively engaged in meaningful learning, behavioral disruptions decrease and academic success becomes more attainable (Campbell et al., 2018; Kumm & Maggin, 2021; McKenna et al., 2024).

Improving Academic Achievement

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 (2025) 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 and 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 an emotional disability.

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)

Environment

A safe and supportive environment is critical to effectively address the needs of students with an emotional disability. 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 disability 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 disability 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

- 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

The four functions of behavior include sensory, escape, attention, and tangible items. The two most common are attention and escape.

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

	Positive (+) To add, present, provide	**Negative (-)** To remove, take away
Reinforcement – 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.
Punishment – 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 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.

> **Note:** For more information on functional behavioral assessments and behavior intervention plans, please see the guidance titled *FBA & BIP Guide* on the NDDPI website.

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.

Additional information on strategies at each level of the continuum can be found on the Positive Behavioral Interventions & Supports (PBIS) or National Center on Intensive Intervention (NCII) websites.

Academic or Learning Strategies

Students with an emotional disability 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 an emotional disability 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

- 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 are 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 of students with emotional disabilities. 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 disability 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 IX. References

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