

Comprehensive Evaluation Process for Emotional Disturbance (CEP-ED)

This document certifies that newly identified or re-evaluated students with Emotional Disturbances (ED) have been provided with a comprehensive evaluation upon identification. It is not a certification of disability. This form may be reviewed for compliance.

1. REVIEW OF INTERVENTION

FOR STUDENTS CONSIDERED FOR AN INITIAL SPECIAL EDUCATION REFERRAL

Yes No

- Documentation of an initial pre-referral intervention meeting (e.g., grade level meetings, SST, IST) that addresses the behavioral and/or academic concerns and actions to address these concerns at the school, class and individual level. (Rtl Tier II)
- Documentation of at least one follow-up pre-referral intervention meeting, (at least 3 months after the initial meeting) documenting the results of the interventions and the effect on the behavior. (Rtl Tier II)
- Pre-referral team's documentation of the following considerations: attendance history and gaps; recent changes in student's home environment; student's primary language; acculturation; vision and hearing screening; and classroom-student match. (Rtl Tier II)
- Report card or cumulative file comments indicate behavioral and academic concerns for **more than** one semester (secondary) or one year (elementary), prior to the date of referral. (Rtl Tier II)
- Documentation of one or more of the following: counseling, social skills groups, behavior support plan, and/or positive individual behavior plan in the general education environment. (Rtl Tier II and/or III)
- Collaborative assessment planning (Case manager, psychologist and related service providers) to address all areas of suspected disability. (Assessment Plan)
- Notification to ED Review Panel of possible ED assessment process.

2. ASSESSMENT (INITIAL & RE-EVALUATION)

****NO ONE SINGLE TEST OR PROCEDURE SHOULD DETERMINE STUDENT'S ELIGIBILITY****

Yes No

- Is the student currently or have they ever received Special Education services?
If yes, under what eligibility: _____

DOCUMENTATION THAT THE ASSESSMENT PROCESS AND REPORT INCLUDES THE FOLLOWING:

- Health assessment, including vision and hearing (Nurse)
- Documentation to rule out sensory issues as primary contributor to learning difficulties (School Psychologist)
 - Observation in multiple settings
 - Visual Motor Assessment
 - Consult with Occupational Therapist
- Comprehensive academic assessment, including the following: (Educational Specialist)
 - Classroom Based (review of work samples, Benchmark assessments)
 - Interviews
 - Classroom observations (e.g. on-task, work completion, organization, transitions, etc.)
 - Results of response to interventions implemented

- Norm-Referenced (e.g. Brigance, WJ-III)
- Analysis and interpretation of strength and weakness patterns across content areas

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Comprehensive cognitive and general abilities assessment: (School Psychologist) |
| | | <ul style="list-style-type: none"> <input type="checkbox"/> Norm-Referenced (e.g. KABC-2, WJ-III, etc.) <input type="checkbox"/> Developmental/dynamic assessments <input type="checkbox"/> Analysis and interpretation of test scores and results |
| <input type="checkbox"/> | <input type="checkbox"/> | Multi-disciplinary social/emotional evaluation considering school, home and community behavior must include the following: (School Psychologist) |
| | | <ul style="list-style-type: none"> <input type="checkbox"/> Analysis of data from records review (includes behavior incidents/discipline reports) <input type="checkbox"/> Description of History (family and socio-cultural background, developmental, educational and behavior history and other services) <input type="checkbox"/> Observations (observable behavior over multiple settings) <input type="checkbox"/> Interviews (teachers, parent/guardians and student) <input type="checkbox"/> Standardized Rating Scales (teachers, parent/guardians, other observer and self-report. Must include more than one rater to secure validity.) <ul style="list-style-type: none"> <input type="checkbox"/> <i>Optional-</i> Projective Tests (e.g. Thematic Apperception Test (TAT) and/or Roberts Apperception Test (RAT)) <input type="checkbox"/> Assessment of functional communication (e.g. social language, pragmatics) <ul style="list-style-type: none"> <input type="checkbox"/> Observations in multiple settings <input type="checkbox"/> Consult with Speech Language Pathologist |
| <input type="checkbox"/> | <input type="checkbox"/> | Comprehensive behavioral evaluation (School Psychologist) |
| | | <ul style="list-style-type: none"> <input type="checkbox"/> Observations in multiple settings, including the following: <ul style="list-style-type: none"> <input type="checkbox"/> Antecedent-Behavior-Consequence (ABC) data <input type="checkbox"/> Frequency and duration <input type="checkbox"/> Analysis and interpretation of behavioral data |
| <input type="checkbox"/> | <input type="checkbox"/> | Documentation that tools were selected and administered so as to not be discriminatory on a linguistic, racial or cultural basis. |

3. DETERMINATION OF ED ELIGIBILITY WITHIN THE ASSESSMENT REPORT

STUDENTS WHO MEET THE CRITERIA OF EMOTIONAL DISTURBANCE MUST MEET ALL 3 CONDITIONS:

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <p>A. Exhibits behavior over a long period of time (6 months in most cases)</p> <ul style="list-style-type: none"> ▪ A long duration of demonstrated ED characteristics is necessary in order to rule out a number of temporary factors such as, developmental changes (puberty), environmental stressors (divorce, death or loss of parent/sibling). It also provides school staff with the opportunity to utilize behavior interventions in order to rule out a behavioral disorder and social maladjustment vs. ED <p>As evidenced by: _____</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>B. To a marked degree</p> <ul style="list-style-type: none"> ▪ Pervasiveness – demonstrate characteristics of their disturbance across almost all areas (school, home and/or community) and with almost all individuals. Not only in certain settings and with certain individuals. ▪ Intensity – Demonstration of negative behaviors in an overt, acute and observable manner. Behaviors must produce significant distress either to the individual or to others in his/her environment. <p>As evidenced by: _____</p> |

- C. Adversely affects educational performance**
 - Student behaviors occur in the school setting and must result in the lack of the student's benefiting in his/her educational setting. Affected performance could be determined by low academic achievement as compared to student's cognitive functioning. Also, the impact of task completion, on-task behavior, participation, and peer/teacher interactions. Poor attendance cannot be a primary factor.

As evidenced by: _____

- And must meet 1 or more of the 5 criteria to be eligible for the Federally Handicapping Condition (FHC) of ED (within a cultural context)**

1. An inability to learn which cannot be explained by intellectual, sensory or health factors

- Thought disorders, fragmentation of thoughts, incoherence, hallucinations, bizarre delusions
- Severe disturbances in the thought processes of learning may include distorted reasoning and/or awareness of reality, deficits in long and short-term memory

As evidenced by: _____

2. An inability to build or maintain satisfactory interpersonal relationships with peers and adults

- Has no friends at school or home, does not voluntarily play, socialize or engage in recreation with others
- Avoids communication or extremely fearful of teachers and peers, excessively aggressive or withdrawn if others intrude on their space
- Extensive withdrawal or avoidance of a people or circumstances that do not stem from family traditions
- Regression of behavior to an earlier developmental stage under stress (cries excessively, thumb sucking, baby talk, temper tantrums and/or encopresis and enuresis)

As evidenced by: _____

3. Inappropriate types of behaviors or emotions under normal circumstances exhibited in several settings/situations

- Catastrophic reactions to everyday occurrences, lack of appropriate fear reactions
- Bizarre behaviors, self-mutilation, delusional thoughts and/or hallucinations

As evidenced by: _____

4. A general pervasive mood of unhappiness or depression

- Loss of interest or pleasure in almost all activities that were high interest in the past
- Poor appetite/loss of weight or overeating
- Feelings of worthlessness, thoughts of death, suicidal ideations or attempts
- Fearfulness and apprehensiveness without really knowing why

As evidenced by: _____

5. A tendency to develop physical symptoms or fears associated with personal or school problems

- Persistent and irrational fear of a specific object, activity or situation that results in compulsive avoidance behavior
- Intense, disabling anxiety often reaching panic proportions when the object, situation or activity is approached

As evidenced by: _____

- Documentation of *exclusionary criteria* and other relevant factors. (School Psychologist)

- Social maladjustment-Documentation that the "disturbance" is **not primarily** due to "social maladjustment" behaviors. Assessor must differentiate between *social maladjustment* and an *emotional disturbance*.

- *Students who exhibit socially maladjusted behaviors tend to have adequate personal-social relationships and well developed ego strength (except in certain settings). These students may exhibit behaviors that are valued within the range of cultural expectations of larger groups (e.g., home, community, school).*

These students are able to adapt to the behaviors that are approved by their peer group (e.g., gangs) but are in conflict across other settings, such as home or school. The intent of these behaviors is often out the student's desire for attention, manipulation or belonging to a group unlike that of students who act out of anxiety, anger or depressive tendencies.

- Health Factors
 - Lack of instruction
 - Poor school attendance
 - Environmental, economic, or social disadvantage
 - Unfamiliarity with the English language
- Justification and description of how student meets criteria for additional disabilities that may be primarily impeding learning, as appropriate. (School Psychologist)
 - If student is eligible under another criterion, provide justification or description as to how they meet that criterion. (School Psychologist)
 - Documentation of meeting with ED Panel prior to IEP meeting. (School Psychologist)

4. IEP TEAM RECOMMENDATIONS/IEP DOCUMENT

IEP MUST INCLUDE THE FOLLOWING:

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Parent/Guardian participation at the IEP meeting as evidenced by signature on meeting notice and signature page and concerns documented within present levels (Educational Specialist) <ul style="list-style-type: none"> <input type="checkbox"/> Parent Attended Meeting <input type="checkbox"/> Parent Participated via Phone |
| <input type="checkbox"/> | <input type="checkbox"/> | Present levels and special factors that include academic and behavioral needs, supports, accommodations and modifications to ensure educational benefit (Educational Specialist and Related Service Providers as appropriate) |
| <input type="checkbox"/> | <input type="checkbox"/> | Observable and measureable IEP goals that match the identified needs in present levels (Educational Specialist and Related Service Providers as appropriate) |
| <input type="checkbox"/> | <input type="checkbox"/> | Behavior Support Plan (BSP) related to present levels and goals (IEP Team) |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Optional-</i> Inclusion of Functional Analysis Assessment/ Behavior Intervention Plan (FAA/BIP) if behavior warrants (School Psychologist) If no, give rationale: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | At least one of the following to assist in meeting the social/emotional and/or behavioral needs: (IEP Team) <ul style="list-style-type: none"> <input type="checkbox"/> Psychological Services <input type="checkbox"/> Counseling and Guidance |
| <input type="checkbox"/> | <input type="checkbox"/> | Referral to mental health agency for services to address social-emotional and behavioral goals, as evidenced by services and/or team action page (School Psychologist) |
| <input type="checkbox"/> | <input type="checkbox"/> | Statement that services and supports are delivered to the maximum extent appropriate with non-disabled peers in the Least Restrictive Environment as evidenced by signature page and special factors (IEP Team) |