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## Title 28 EDUCATION

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**Title 28**  
**EDUCATION**

**Part CI. Bulletin 1508—Pupil Appraisal Handbook**

**Chapter 1. LEA Responsibilities**

**§101. Introduction**

A. This handbook is the regulatory guide for pupil appraisal personnel when conducting individual evaluations of students suspected of being exceptional and in need of special education and related services, and as a reference for persons requiring specific information regarding the determination of eligibility for special education services. The reference to an exceptionality includes any disability term as well as gifted and talented.

B. The Criteria for Eligibility describes the minimal data that must be obtained in order to determine whether the student has an exceptionality and is in need of special education services. The Procedures for Evaluation specify minimal areas of data collection, and at times suggest the professional who is usually most qualified to gather and interpret the data in a certain area. Any deviations from or exceptions to procedures in this handbook shall be explained in the integrated written evaluation report.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:894 (May 2009), effective July 1, 2009, amended LR 51:2038 (December 2025).

**§103. Child Find Guidelines**

A. General Information

1. The Local Educational Agency (LEA) shall ensure that:

a. all students with exceptionalities residing in the district, including students with suspected exceptionalities who are homeless children or who are wards of the state, and students with exceptionalities attending private schools, regardless of the severity of their disability, and who are in need of special education and related services, are identified, located, and evaluated; and

b. a practical method is developed and implemented to determine which students are currently receiving needed special education and related services.

2. Each LEA shall document that on-going identification activities are conducted to identify, locate, and evaluate each student who is suspected of having an exceptionality, is in need of special education and related services, and meets the criteria listed below:

a. is enrolled in an educational program operated by or under the jurisdiction of a public agency;

b. is enrolled in a private school program within the geographical jurisdiction of a public agency;

c. is enrolled in a public or private preschool or day care program; or

d. is not enrolled in a school, except for students who have graduated with a regular high school diploma.

B. Child find shall also include:

1. students who are suspected of being students with exceptionalities and in need of special education, even though they are advancing from grade to grade; and

2. highly mobile students, including migrant students.

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HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:895 (May 2009), effective July 1, 2009, amended LR 51:2038 (December 2025).

**§105. Pupil Appraisal Services**

A. Pupil appraisal services comprise an integral part of the total instructional program of the LEA. The purpose of pupil appraisal services is to assist students who have academic, behavioral, and/or communication challenges, adjustment difficulties, or other special needs which are adversely impacting the student's educational performance by providing services to students, parents, teachers, and other school personnel. These services include, but are not limited to the examples provided below:

1. assistance to teachers and other school personnel in the development and implementation of behavioral and/or instructional interventions through a district's Response to Intervention (RTI) process, positive behavior support process, or other intervention processes;

2. provision of support services to non-disabled students with academic, behavioral and/or communication difficulties;

3. consultation with parents, students, teachers, and other personnel on topics such as instructional or behavioral modifications, exceptional students, and child development;

4. provision of staff development to school personnel on topics such as assessment, interventions, or child development;

5. evaluation of students to determine whether they are exceptional and in need of special education and related services;

6. interpretation of evaluation findings to school personnel and parents;

7. provision of related services to students with exceptionalities; and

8. referral to other appropriate agencies for services when warranted.

B. Pupil appraisal personnel are not limited to providing services solely to students referred for an individual evaluation. Many students experiencing academic, behavior and/or communication difficulties may be helped through recommendations made by pupil appraisal personnel for use in the general education classroom, enabling the student to benefit from instruction in the general education curriculum and eliminating the need for referral for an individual evaluation. Major functions of pupil appraisal personnel should include being child/student advocates and assisting students to remain in and profit from the general education curriculum whenever possible. When a student, as a result of an individual evaluation, qualifies for special education and related services, pupil appraisal personnel will recommend those services and supports needed to assist the teachers and parents of the student in providing appropriate special educational services in the least restrictive environment.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:895 (May 2009), effective July 1, 2009.

### §107. Qualified Examiners

A. The Individuals with Disabilities Education Act (IDEA) and Louisiana Revised Statutes 17:1941 et seq., require that a student suspected of being exceptional receive a comprehensive multidisciplinary evaluation conducted by qualified examiners. Qualified examiners include pupil appraisal professionals certified by the state Department of Education and professionals from other agencies or in private practice, as described in this Section.

1. Professional members of a pupil appraisal system include certified assessment teachers/educational consultants/educational diagnosticians, certified school psychologists, licensed specialists in school psychology, licensed psychologists with a school specialty, qualified school social workers; speech/language pathologists, adapted physical education teachers; audiologists; registered nurses, occupational therapists, physical therapists, speech and hearing therapists, and speech/hearing/language assistants.

2. LEAs shall regularly employ certified pupil appraisal personnel to conduct individual evaluations, but may also employ others as listed below:

a. qualified examiners available from the Department of Health and Hospitals, the Department of Public Safety and Corrections, the State Board Special Schools, or other public agencies;

b. private qualified examiners contracted to provide specialized assessments;

c. the student's teacher(s) as member(s) of the evaluation team;

d. a combination of the personnel listed above.

3. LEA-selected evaluators in music, theater, or visual arts must not be employed by the LEA conducting the evaluation and must be on the state Department of Education approved evaluator list.

4. Regardless of the approach used for conducting individual evaluations, LEAs retain full responsibility for the individual evaluation. Any failure by an employee or contractor to meet the requirements of this Handbook constitutes a failure by the LEA to comply with *Bulletin 1706: Regulations for the Implementation of the Children with Exceptionalities Act; R.S. 17:1941, et seq.*

5. Professionals in private practice who provide evaluations for educational use must meet the standards of and comply with the rules and regulations set by their respective statutory professional boards. Certification by the state Board of Elementary and Secondary Education is not required for these persons; however, Educational Assessment Teachers/Diagnosticians or Educational Consultants are required to be certified by the Department of Education, since licensing for independent practice does not exist.

a. Professionals employed by another state agency must meet the professional standards of that agency and be qualified through training to conduct evaluations.

b. The results of an evaluation conducted by these professionals may be used by an LEA in determining a student's eligibility for special educational services. It remains the LEA's responsibility to ensure that the student is evaluated and that his or her eligibility determination has been in accordance with the requirements of this handbook.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:896 (May 2009), effective July 1, 2009, amended LR 51:2038 (December 2025).

### §109. Parental Participation

A. Participation by parents is crucial in all meetings in which decisions are being made regarding their child. Parents must be informed about the process used to assess their child's response to scientifically research-based interventions, appropriate strategies for improved achievement and the right to request an evaluation. Parents must be notified early enough to ensure the opportunity to participate in the meetings and discussions listed below. See Bulletin 1706 §322 for additional participation procedures:

1. school building level committee meetings when decisions are made regarding their child;

2. the evaluation team meeting to consider the results of the data and determine eligibility:

a. at the conclusion of the evaluation meeting where eligibility is determined, if the parents disagree with the consensus of the team, the LEA must afford the parents the right to challenge the evaluation report in accordance with procedural safeguards;

3. the initial individual education program (IEP) Team meeting to review evaluation results and determine special

education and related services in the least restrictive environment;

4. the IEP Team meeting to discuss new concerns and to determine if a reevaluation is needed;

5. in the case of a reevaluation, to discuss the review of existing evaluation data to determine whether the student continues to have an exceptionality, and continues to need special education and related services.

#### B. Parental Consent for Initial Evaluations

1. The LEA proposing to conduct an initial evaluation to determine if a student qualifies as a student with an exceptionality shall, after providing notice as described in Chapter 5 of Bulletin 1706, obtain informed consent from the parent of the student before conducting the evaluation. Parents must be given a copy of their rights at the time of the request for parental consent.

a. Parental consent for initial evaluation shall not be construed as consent for initial provision of special education and related services.

b. The LEA shall make reasonable efforts to obtain the informed consent from the parent for an initial evaluation to determine whether the student is a student with an exceptionality.

2. For initial evaluations only, if the student is a ward of the state and is not residing with the student's parent, the LEA is not required to obtain informed consent from the parent for an initial evaluation to determine whether the student is a student with an exceptionality if:

a. despite reasonable efforts to do so, the LEA cannot discover the whereabouts of the parent of the student;

b. the rights of the parents of the student have been terminated in accordance with state law; or

c. the rights of the parent to make educational decisions have been subrogated by a judge in accordance with state law and consent for an initial evaluation has been given by an individual appointed by the judge to represent the student.

3. If the parent of a student enrolled in a public school or seeking to be enrolled in a public school does not provide consent for initial evaluation under Paragraph B.1 of this Section, or the parent fails to respond to a request to provide consent, the LEA may, but is not required to, pursue the initial evaluation of the student by utilizing the procedural safeguards in Chapter 5 of Bulletin 1706 (including the mediation procedures or due process procedures), if appropriate.

a. The LEA does not violate its obligation under §111 and §§302-308 of Bulletin 1706 if it declines to pursue the evaluation.

#### C. Parental Consent for Reevaluations

1. The LEA shall obtain informed parental consent prior to conducting any reevaluation of a student with an exceptionality.

2. If the parent refuses to consent to the reevaluation, the LEA may, but is not required to, pursue the reevaluation by using the consent override procedures described in Paragraph B.3 of this Section.

3. The LEA does not violate its obligation under §111 and §§302-308 of Bulletin 1706 if it declines to pursue the reevaluation.

4. The informed parental consent described in Paragraph C.1 of this Section need not be obtained if the LEA can demonstrate that:

a. it made reasonable efforts to obtain such consent, and

b. the student's parent has failed to respond.

#### D. Other Consent Requirements for Evaluations and Reevaluations

1. Parental consent is not required before:

a. reviewing existing data as part of an evaluation or a reevaluation; or

b. administering a test or other evaluation that is administered to all students unless, before administration of that test or evaluation, consent is required of parents of all students.

2. If a parent of a student who is home schooled (in a home study program) or placed in a private school by the parents at their own expense does not provide consent for the initial evaluation or the reevaluation, or the parent fails to respond to the request to provide consent, the LEA may not use the consent override procedures described in Paragraphs B.3 and C.2 of this Section:

a. the LEA is not required to consider the student eligible for services as defined in Bulletin 1706.

3. To meet the reasonable efforts requirement in Subparagraphs B.1.b, B.2.a, and C.4.a of this Section, the public agency shall document its attempts to obtain parental consent using the procedures in §322.D of Bulletin 1706.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 17:1941 et seq.

**HISTORICAL NOTE:** Promulgated by the Board of Elementary and Secondary Education, LR 35:896 (May 2009), effective July 1, 2009.

## Chapter 3. Interventions and Screenings

### §301. Response to Intervention

A. The Response to Intervention (RTI) process is a three-tiered approach to providing services and interventions to struggling learners and/or students with challenging behaviors at increasing levels of intensity. Essential components of the process include three tiers of instruction and intervention, use of standard protocols and/or problem-solving methods, and an integrated data collection/assessment system to inform decisions at each tier of instruction/intervention. The process incorporates increasing

duration and frequency of intensities of instruction and/or intervention that are provided to students in direct proportion to their individual needs. Embedded in each tier is a set of unique support structures or activities that help teachers implement, with fidelity, research-based, high-quality instructional materials, instructional practices aligned to core curriculum, as well as direct and explicit interventions designed to pinpoint a student's area of need, to improve student outcomes, and to provide access to the general curriculum. RTI is designed for use when making decisions in both general and special education, creating a well-integrated system of instruction and intervention guided by student outcome data.

B. Special education and related services referrals and evaluations should not be delayed or denied based solely on the required movement through tiered intervention prior to referral.

C. RTI Tiers.

1. Tier 1 is universal instruction and practices provided to all students.

2. Tier 2 is targeted instruction and practices provided to some at-risk students.

3. Tier 3 is intensive instruction and practices provided to a few students with significant support needs.

D. Essential components of the RTI process also include standard protocols and/or problem-solving methods, an integrated data collection and assessment system, and the use of data to monitor student progress and inform instructional adjustments and other key decisions at each tier. Best practices for an effective RTI process include the following:

1. Ensure all struggling learners have access to 100 percent of core instruction in math and reading, and that additional tiered supports are provided in addition to, not instead of, core instruction;

2. Tier 2 targeted and Tier 3 intensive academic interventions are used to backfill missed content, to clarify misunderstandings, to pre-teach upcoming skills, and are closely aligned with the core curriculum.

3. Academic interventions are provided by professionals with training, background, and content experience for teaching the specific content.

4. Behavior interventions are provided by professionals with training, background, and behavior support expertise regarding challenging behaviors.

E. RTI decisions are made collaboratively by both general education and special education professionals to create an integrated system of instruction and intervention guided by student outcome data.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 17:1941 et seq.

**HISTORICAL NOTE:** Promulgated by the Board of Elementary and Secondary Education, LR 35:897 (May 2009), effective July 1, 2009, amended LR 51:2038 (December 2025).

### §303. School Building Level Committee

A. The School Building Level Committee (SBLC) is a general education, data driven, decision-making committee whose standing members consist of at least the principal/designee, a classroom teacher, and the referring teacher. In discussing an individual student's difficulties, the student's parent or guardian is an invited participant. The SBLC shall review and analyze all screening data, including RTI results, to determine the most beneficial option for the student. The committee's options include, but are not limited to one of the following actions.

1. Conduct no further action at this time.

2. Continue current intervention and progress monitoring through the RTI process.

3. Conduct additional interventions through the RTI process.

4. Refer the student to the appropriate committee to conduct a Section 504 evaluation.

5. Refer the student to pupil appraisal personnel for support services in accordance with Chapter 13 of this Part.

6. Refer the student to pupil appraisal personnel for an individual evaluation if an exceptionality is suspected.

B. Parents must be provided a report or summary by the SBLC on the status of the student's response to scientifically research-based interventions which would include repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction. This report or summary must be provided to parents at least once each grading period until a decision is reached. If the parents disagree with the SBLC actions or decision, the parents must be provided a copy of their rights, which includes the right to request an evaluation. If it is the opinion of the SBLC that the student be referred for an initial evaluation, a pupil appraisal team member shall be present to review supporting documentation.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 17:1941 et seq.

**HISTORICAL NOTE:** Promulgated by the Board of Elementary and Secondary Education, LR 35:897 (May 2009), effective July 1, 2009, amended LR 51:2039 (December 2025).

### §305. Screening Activities

A. Overview

1. An LEA shall identify a student, enrolled in an educational program operated by the LEA, as suspected of having a disability only after the student has participated in an RTI process that produces data sufficient for the SBLC to recommend that a comprehensive individual evaluation be conducted by pupil appraisal personnel. For a child not enrolled in school, screening activities are to be conducted by Pupil Appraisal personnel. Through the RTI process the SBLC shall coordinate and document results of all screening activities described below. RTI and screening activities for enrolled students (public and private) are conducted by

general education personnel with assistance from other school personnel and pupil appraisal members, if necessary.

2. The screening of a student to determine appropriate instructional strategies for curriculum implementation shall not be considered an evaluation for eligibility for special education and related services.

## B. Sensory Screening

### 1. Hearing Screening

a. Hearing screening shall be conducted unless the following three conditions are true.

i. Normal screening results have been obtained within the past 24 months for enrolled students and within the past 12 months for non-enrolled students.

ii. No hearing concerns are currently being exhibited by the student.

iii. There is no history of acute or chronic ear infections and/or persistent respiratory congestion indicated in the health screening.

b. The student is considered "at-risk" of having a hearing impairment when one of the following conditions exist:

i. failure to respond at 20db in one of 1000 Hz, 2000 Hz or 4000 Hz frequencies in at least one ear;

ii. middle ear pressure outside the range of -200 and +50 daPa fluid in either ear; or

iii. excessively stiff or flaccid tympanogram in either ear.

c. Students for whom specific audiometric test results cannot be obtained because of age or degree of involvement or for whom informal hearing test results do not rule out the possibility of a hearing loss should be considered "at risk." The extent of the student's hearing loss must be determined, using electrophysiological techniques when necessary.

### 2. Vision Screening

a. Vision screening shall be conducted unless the following three conditions are true.

i. Normal screening results have been achieved within the past 24 months for enrolled students and within the past 12 months for non-enrolled children.

ii. No vision concerns are currently being exhibited by the student.

iii. There is no history of eye infections, either acute or chronic, indicated in the health screening.

b. A student's vision is considered "at risk" as dictated by the criteria in the manual of the instrument used for testing. Vision screening must include tests for the following two conditions:

i. acuity (near point and far point);

ii. color blindness.

c. When the required techniques are unsuccessful because of the student's immaturity, physical impairment, or intellectual ability, adapted methods of testing shall be used to determine the extent of the loss.

d. If the student's medical history indicates a neurological insult or neurological impairment, the student must be screened for Cerebral/Cortical Visual Impairment.

### 3. Sensory Processing Screening

a. Sensory processing screening is conducted to determine if a student is "at risk" for sensory processing difficulties that interfere with access and participation in the educational program. Sensory processing concerns may include the following:

i. visual symptoms;

ii. auditory symptoms;

iii. tactile symptoms;

iv. vestibular (balance) symptoms;

v. olfactory (smell) symptoms;

vi. gustatory (taste) symptoms;

vii. proprioceptive (movement) symptoms;

viii. motor planning difficulties.

## C. Health Screening

1. Health screening is conducted to determine the health status of the student.

2. A student's health is considered "at risk" if through history, observation, or other procedures, health concerns are noted.

3. A review of developmental and medical/health history for evidence of premature birth, history of extended stay in NICU following birth, history of prenatal, natal, or postnatal neurologic insult, and/or history of genetic assessment for syndromic diagnosis.

## D. Speech and Language Screening

1. Speech and language screening is conducted by a speech-language pathologist unless the following four conditions are true as documented by a teacher-completed checklist of communication skills.

a. The student exhibits normal voice quality.

b. The student speaks with normal rate and fluency.

c. The student's articulation skills appear normal with respect to age and social/cultural factors.

d. The student's overall receptive and expressive language skills appear adequate with respect to age and social/cultural factors.

2. The tasks, items, or tests used in screening should include a sampling to determine the following pertinent skills or conditions:

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- a. articulation, oral motor functioning, and oral structure;
- b. receptive and expressive language to include linguistics and pragmatics; and
- c. voice.

3. If the student's communication skills are "at risk," evidence-based interventions shall be conducted by a speech-language pathologist or speech language pathology assistant with fidelity and for the length of time necessary to obtain sufficient data to determine their effectiveness. Informed parental consent must be obtained before conducting these interventions. In the case of a suspected voice impairment, there must also be an assessment conducted by an appropriate medical specialist prior to implementing the interventions.

### E. Motor Screening

1. Motor screening is accomplished through the observation of the student's gross and fine motor skills by the teacher responsible for providing physical education to the student and, if necessary, in consultation with the teacher responsible for classroom-based activities. The evaluation coordinator shall ensure that motor screening is conducted by pupil appraisal personnel during the evaluation for students not enrolled in school.

2. A student's gross or fine motor skills are considered "at risk" if the screening results indicate concerns in the following areas:

- a. lack of strength, endurance, and flexibility limiting access and participation in campus mobility and curriculum;
- b. difficulty with balance activities;
- c. failure to show opposition of limbs when walking, sitting, or throwing;
- d. lack of control with ball skills;
- e. difficulty in crossing the vertical midline;
- f. poor sense of body awareness;
- g. difficulty in demonstrating motor sequences, frequent falling, difficulty managing uneven surfaces, stairs, or changes in terrain, difficulty with obstacle negotiation; or
- h. management of classroom materials, including technology.

### F. Assistive Technology Screening

1. Assistive Technology screening is conducted through an observation of the student's skills and educational environment.

2. A student's functional capabilities should be considered "at risk" if the screening results indicate concerns in the following areas:

- a. physical functioning/motor abilities;
- b. fine motor skills such as manipulation of tools, scissors, or pencils;

- c. communication functioning;
- d. vision/hearing;
- e. academic functioning;
- f. recreation and leisure;
- g. vocational functioning;
- h. general health;
- i. self-help;
- j. executive functioning;
- k. sensory; and/or
- l. computer access.

### G. Social/Emotional/Behavioral Screening

1. Social/emotional/behavioral screening should include, at a minimum, a review of:

- a. incident reports/discipline records;
- b. teacher reports;
- c. parent reports and information provided by the parent;
- d. developmental profiles;
- e. previous behavior intervention plans; and
- f. anecdotal records.

2. If a review indicates current concerns in the above areas, the student's social/emotional/behavioral status is "at risk." Documented, evidence-based intervention(s) and progress monitoring appropriate to the student's age and behavioral difficulties shall be conducted with fidelity for the length of time necessary to obtain sufficient data to determine their effectiveness. Interventions are required for students with a suspected emotional disturbance unless there is substantial documentation that the student is likely to injure him/her self.

### H. Educational Screening

1. Educational screening is accomplished by conducting:

- a. a review of the results of the student's educational history;
  - i. for a preschool-aged child not in school, a developmental screening shall be conducted by pupil appraisal personnel prior to or during the evaluation;
  - ii. for a preschool-aged child enrolled in school, a developmental screening shall be conducted by the student's teacher;

- b. a review of the student's academic performance, including dyslexia screening results and results of applicable statewide and district-wide tests in accordance with LAC 28:XXXV, Bulletin 1903;

c. a summary of the teacher/parent communication regarding the student's specific difficulties or exceptional skills;

d. a review of the results of universal screening, conducted by the teacher or other staff member, which enables school personnel to measure the performance of students as compared to peers within their class, school, and/or district; and

e. a comprehensive and documented review of evidence-based intervention(s) conducted with fidelity and for the length of time necessary to obtain sufficient data to determine their effectiveness. Interventions should be appropriate to the student's age and academic skill deficits:

i. interventions are required for students suspected of having autism, developmental delay, emotional disturbance, mild intellectual disability, orthopedic impairment, other health impairment, and specific learning disability. Interventions are not required for a preschool-aged child, a student suspected of being gifted or talented, or a student suspected of having a severe or low incidence impairment.

#### I. Gifted and Talented Screening

1. Gifted. Based on universal screenings that monitor student progress in the core curriculum, students functioning at the highest levels should be considered for gifted screening (refer to Chapter 9 for further screening requirements).

2. Talented. Based on advanced skills demonstrated by the student in visual arts, music, or theater, the student should be considered for talent screening in accordance with Chapter 9 of this Part.

#### J. Other Considerations

1. The SBLC must provide data-based documentation that the student's lack of educational progress is not primarily due to:

a. lack of appropriate, explicit and systematic instruction in reading which includes the essential components of reading instruction: phonics, phonemic awareness, fluency, comprehension, and vocabulary; (e.g., if more than 50 percent of the class falls below benchmark on universal screening, lack of appropriate instruction might be suspected);

b. lack of appropriate instruction in math (e.g., if more than 50 percent of the class falls below benchmark on universal screening, lack of appropriate instruction might be suspected);

c. limited English proficiency; (for students identified as English Language Learners, refer to *Louisiana Guidelines for Identification and Instruction of English Language Learners with Disabilities* for additional information);

d. environmental or economic disadvantage (e.g., if a majority of low income students in the class fall below benchmark on universal screening, environmental or

economic disadvantage as a primary factor might be suspected); or

e. cultural factors (e.g., for students from culturally and linguistically diverse backgrounds, there is evidence that the school and classroom teacher have been sensitive toward the students' diverse learning needs).

2. When data indicate that the student is not responding to the intervention, the SBLC shall consider other options within the RTI process. The SBLC shall provide, at a minimum, evidence that a scientifically research-based intervention was implemented with fidelity, the student's progress was monitored at reasonable intervals, and the student's rate of progress relative to peers was not adequate.

3. For students who are found to be "at risk" in any of the screening areas listed above, but are not suspected of having an exceptionality, the SBLC shall conduct interventions or refer the student to the appropriate specialist to address the concern.

4. For students who are found to be "at risk" in any of the screening areas listed above and are suspected of having an exceptionality, the evaluation coordinator shall ensure that the screening areas determined to be "at risk" are addressed in the individual evaluation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:898 (May 2009), effective July 1, 2009, amended LR 42:400 (March 2016), LR 49:1210 (July 2023), LR 51:2039 (December 2025).

### §307. Referral Process

A. A referral for an individual evaluation should be made when the provisions in Paragraphs 1, 2 and 3 of this Subsection have been met.

1. The SBLC provides documentation that the RTI process addressing academic and/or behavior or sensorimotor concerns, or the speech or language intervention(s) addressing communication concerns have included:

a. scientifically research-based intervention(s) implemented with fidelity as evidenced by data sheets, computer-generated records, or other permanent products;

b. monitoring of the student's progress relative to peers, at reasonable intervals; and

c. graphed evidence that the student's rate of progress relative to peers was not adequate.

2. The SBLC provides data-based documentation that the student's lack of educational progress is not primarily due to the considerations described in §305.J above.

3. The SBLC suspects the student of having a disability.

B. An immediate referral may be made to pupil appraisal services for an individual evaluation of those students suspected of having low incidence impairments such as deafness or hard of hearing, hearing impairment, visual

impairment, deaf-blindness, traumatic brain injury, intellectual disability (moderate or severe), multiple disabilities, and some students with severe autism, orthopedic impairments and/or significant health concerns that warrant immediate referral based on substantial documentation by school building level personnel of any student suspected of being likely to injure self or others. Screening activities should be completed during the evaluation for these students.

C. All referrals for enrolled students to pupil appraisal for evaluation shall be made through the SBLC with the approval of the principal/principal designee. If it is the opinion of the SBLC that the student be referred for an initial evaluation, pupil appraisal staff shall be present to review the supporting documentation to ensure there are adequate data to suspect the student may have an exceptionality.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:900 (May 2009), effective July 1, 2009, amended LR 42:400 (March 2016), LR 51:2040 (December 2025).

## Chapter 5. Evaluation Responsibilities

### §501. Evaluation Coordination

#### A. Evaluation Coordinator

1. Upon identification of a student suspected of being exceptional, a qualified pupil appraisal staff member shall be designated as evaluation coordinator.

2. While this assignment is the responsibility of the individual designated by the LEA to direct the pupil appraisal system, it is recommended that the evaluation coordinator be selected on a case-by-case basis by and from the pupil appraisal personnel assigned to the school. The determination of the evaluation coordinator shall be based upon the student's specific problems and other factors such as the expertise, caseload, and other responsibilities of each pupil appraisal staff member. Evaluation coordinator is not a position; therefore, one individual shall not be routinely designated this responsibility.

3. The following pupil appraisal personnel certified by the Louisiana Department of Education may serve as evaluation coordinators in the LEA:

- a. assessment teacher/ educational consultant/educational diagnostician;
- b. certified school psychologist, licensed specialist in school psychology, or a licensed psychologist with a school specialty;
- c. speech-language pathologist/speech and hearing therapist/ speech-hearing-language specialist;
- d. qualified school social worker;
- e. audiologist.

#### B. Responsibilities of the Evaluation Coordinator

1. The evaluation coordinator must conduct the following activities within 10 business days following receipt of referral by pupil appraisal.

a. Request informed parental consent to conduct an initial evaluation, if consent has not already been received.

b. The student's parents must be notified of the initial evaluation concerns and the types of assessments and procedures involved in the evaluation.

c. The parents must also be notified that there will be an opportunity to participate in the meeting at which identification and eligibility determinations will be made.

d. The student is referred to other appropriate agencies for screening/assessment/evaluation services, when warranted. The student may also be entitled to services other than those available through the educational system.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:900 (May 2009), effective July 1, 2009, amended LR 51:2040 (December 2025).

### §503. Selection of Participating Disciplines

A. Upon receipt of informed parental consent for the evaluation, the evaluation coordinator shall ensure that at least two appropriate and qualified personnel representing different disciplines participate in the individual evaluation (one of whom shall be the evaluation coordinator). The following additional considerations shall apply.

1. If a sensory impairment is suspected, statewide assessment resources that meet state standards should be considered.

2. If the student is determined to be "at risk" through sensory, motor, or health screening, and if a sensory or other physical/health impairment is suspected, an appropriate assessment must be conducted by a physician or other qualified examiner with specialized training and experience in the diagnosis and treatment of the particular condition.

3. If the student has a documented health or physical impairment; has a history of head or spinal cord injury, seizures, or diseases; needs assistance with activities of daily living due to health concerns; requires medications at school or home; requires health procedures and/or special diet; or has other health problems, the school nurse or other qualified personnel shall be a member of the evaluation team.

4. If the student is suspected of having a specific learning disability, the student's general education teacher (or if the student does not have a general education teacher, a general education teacher qualified to teach a student of his or her age; or for a child of less than school age, an individual certified by the state Department of Education to teach a student of his or her age) must be a member of the multidisciplinary team. In no case shall the general education teacher replace the qualified pupil appraisal person.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

**HISTORICAL NOTE:** Promulgated by the Board of Elementary and Secondary Education, LR 35:901 (May 2009), effective July 1, 2009.

### §505. Procedural Responsibilities

A. Throughout the initial evaluation of a student, the evaluation coordinator shall ensure that specific procedures are followed.

1. Each individual evaluation is based on a comprehensive compilation of information drawn from a variety of sources. A comprehensive evaluation should consider any suspected delays, concomitant disabilities, and/or exceptionality that is suspected based on the referral data or information learned during the course of the evaluation.

2. The evaluation is conducted in accordance with all requirements of this handbook, including timelines.

3. The student is evaluated in each area of suspected exceptionality.

4. Full and complete records collected or generated in connection with an individual evaluation are maintained in accordance with confidentiality requirements.

5. The results of any previously conducted specialist's evaluations are obtained through written parental authorization for the release of these records.

6. A meeting of the multidisciplinary evaluation team members, including the parent, is scheduled and conducted to determine whether the student is exceptional.

7. An integrated report describing the findings and recommendations of the evaluation process, along with the determination of eligibility, is prepared; and a copy is provided to the supervisor of special education or designee.

8. The evaluation findings and recommendations are interpreted for the student's teacher(s).

9. A copy of the integrated report, including any dissenting opinions, along with the determination of eligibility, recommendations, and an opportunity for an oral explanation of the findings was provided to the student's parents prior to the initial IEP Team meeting.

10. A pupil appraisal staff member who participated in the evaluation shall be designated to attend the initial IEP Team meeting to explain the recommendations and assist in the development of the IEP. If a member of the team cannot be in attendance, an individual who can interpret the instructional implications of the evaluation must attend.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 17:1941 et seq.

**HISTORICAL NOTE:** Promulgated by the Board of Elementary and Secondary Education, LR 35:901 (May 2009), effective July 1, 2009, amended LR 51:2040 (December 2025).

### §507. Evaluation Procedures

A. In conducting the evaluation, each LEA shall:

1. use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic

information about the student, including information provided by the parent that may assist in determining:

a. whether the student has an exceptionality; and

b. the content of the student's IEP, including information related to enabling the student to be involved in and progress in the general education curriculum, or for a preschool child, ages 3-5, who qualify for special education services in accordance with this Part to participate in appropriate activities;

2. not use any single measure or assessment as the sole criterion for determining whether a student has an exceptionality and for determining an appropriate educational program for the child; and

3. use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.

B. Other evaluation procedures. Each LEA shall ensure that the provisions in Paragraphs 1 through 7 below have been met.

1. Assessments and other evaluation materials used to assess a student under these regulations:

a. are selected and administered so as not to be discriminatory on a racial or cultural basis;

b. are provided and administered in the student's native language or other mode of communication and in the form most likely to yield accurate information on what the student knows and can do academically, developmentally, and functionally, unless it is clearly not feasible to so provide or administer;

c. are used for the purposes for which the assessments or measures are valid and reliable;

d. are administered by trained and knowledgeable personnel; and

e. are administered in accordance with any instructions provided by the producer of the assessments.

2. Assessments and other evaluation materials include those tailored to assess specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient. In no event shall IQ scores be reported or recorded in any individual student's evaluation report or cumulative folder. Whenever it is necessary to conduct an individual intellectual assessment as a component of an individual evaluation, the examiner shall review all available information regarding the student.

3. Assessments are selected and administered to best ensure that if an assessment is administered to a student with impaired sensory, manual, or speaking skills, the assessment results accurately reflect the student's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the student's impaired sensory, manual, or speaking skills (unless those skills are the factors that the test purports to measure).

4. The student is assessed in all areas related to the suspected exceptionality including, if appropriate, health, vision, hearing, behavior, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities.

5. Assessments of students with exceptionalities who transfer from one public agency to another public agency in the same school year are coordinated with those students' prior and subsequent schools, as necessary and as expeditiously as possible, to ensure prompt completion of full evaluations.

6. In evaluating each student with an exceptionality, the evaluation is sufficiently comprehensive to identify all of the student's special education and related services needs, whether or not commonly linked to the exceptionality category in which the student has been classified.

7. Assessment tools and strategies provide relevant information that directly assists persons in determining the educational needs of the student.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:901 (May 2009), effective July 1, 2009, amended LR 51:2040 (December 2025).

**§509. Required Initial Individual Evaluation**

A. A comprehensive initial evaluation must be conducted before the initial provision of special education and related services to a student. Either a parent of a student or a public agency may initiate a request for an initial evaluation to determine if the student has an exceptionality.

B. An initial individual evaluation shall be conducted when informed parental consent for the initial individual evaluation has been received by the LEA. If a request was made for an evaluation during the time period in which the student is subject to disciplinary measures, the evaluation shall be conducted in an expedited manner as defined in §511, Evaluation Timelines.

C. If the LEA suspects that the student is exceptional, an evaluation shall be conducted with parental consent. If the LEA does not suspect that the student is exceptional, then it may refuse to conduct an evaluation. The SBLC, through interventions, may attempt to resolve the student's difficulties. When an LEA refuses to initiate an evaluation upon parental request, the parents must be given a written explanation of the reason for the decision according to the requirements listed in Chapter 5 of Bulletin 1706 and provided a copy of their rights, which includes the right to a due process hearing.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:902 (May 2009), effective July 1, 2009.

**§511. Evaluation Timelines**

A. The initial evaluation must be conducted within 60 business days of receiving parental consent for the evaluation with appropriate extensions as described below:

1. End of the Year Extension. If the LEA begins an evaluation and there are fewer than 60 business days remaining in the LEA's current school year, the LEA may take this type of extension with parent permission. However, the number of days used between the parental signature and June 1 (the SER official beginning date for summer) will be subtracted from the 60 business days, and the timelines will begin again on September 1 (the SER official ending date for summer).

2. Parentally Approved Extension. If the LEA is making sufficient progress to ensure a prompt completion of the evaluation but needs extended time to assess the student in all areas of the suspected exceptionality, the parent and the LEA may agree to a specific time when the evaluation will be completed.

B. Extensions are not allowed during expedited evaluations for students subject to disciplinary measures as referenced in §534 of Bulletin 1706.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:902 (May 2009), effective July 1, 2009, amended LR 42:400 (March 2016).

**§513. Evaluation Components**

A. All initial evaluations shall include the following documented components (refer to individual exceptionalities for additional evaluation components):

1. a description of each screening activity and a review of the screening results;
2. a review of cumulative records including test scores, discipline records, grade history, attendance records, statewide assessments, etc.;
3. a review of any pertinent reports supplied by the parent or an outside agency;
4. a review of the intervention(s) which includes data-based documentation that:
  - a. the interventions were scientifically research-based;
  - b. the interventions were implemented with fidelity as documented by data sheets, computer records or other permanent products;
  - c. progress monitoring was conducted at reasonable intervals; and
  - d. the student did not show adequate progress based on local or national norms;
5. a systematic student observation(s) in the environments in which the student is experiencing difficulties;
6. an interview with the student to obtain the student's perceptions of his/her own academic, behavioral and social performance;

7. an interview with the student's core subject teacher(s) to obtain information regarding referral concerns and the student's academic performance, behavior, and peer interactions;

8. a family interview conducted by a school social worker or other qualified pupil appraisal staff member to determine the impact of developmental, educational, social/emotional, cultural, and/or health factors on the student's educational performance;

9. an interview with the referral source, if other than the parent or teacher;

10. an educational assessment conducted by an educational diagnostician or other qualified pupil appraisal staff member which includes descriptions of educational strategies, academic and environmental accommodations needed, and curricular modifications necessary to provide accessible instructional materials in order to enable the student to show progress in the general education curriculum;

11. a functional behavior assessment conducted or reviewed by a certified school psychologist, licensed specialist in school psychology, licensed psychologist with a school specialty, a qualified school social worker, or other appropriately trained personnel, when behavior is noted as a concern; and

12. a review and analysis of any discrepancies between test results or observations and the student's customary behaviors and daily activities, or of any discrepancies among evaluation results.

B. The final written report for initial evaluations must be a compilation of the data gathered during the individual evaluation process. The data collected by pupil appraisal personnel must be integrated and written in language that is clear to the IEP Team and other individuals who will use it.

1. The integrated written report of the initial evaluation of an identified student must contain the following components:

- a. the reason(s) for referral;
- b. any additional concerns raised by the parents, teachers, or other involved professionals;
- c. a description of the evaluation procedures, including interventions, conducted to address each evaluation concern, the student's response(s) to the intervention(s) and an analysis of the results;
- d. a description of the information used to decide that each of the following was not a determinant factor for the suspected disability:
  - i. lack of appropriate explicit and systematic instruction in reading which includes the essential components of reading instruction: phonics, phonemic awareness, fluency, comprehension, and vocabulary;
  - ii. lack of appropriate instruction in math;
  - iii. limited English proficiency;

- iv. environmental or economic disadvantage; and
- v. cultural factors;
- e. a description of the student's present level(s) of functioning in relationship to the general education curriculum;
- f. a description of the student's relative strengths and support needs;
- g. a description of the educational needs of the student ranked in order of importance;
- h. a description of the impairment or condition that enables the student to be classified as eligible for special education and/or related services;
- i. information sufficient to permit a determination of the validity of the evaluation data for the total evaluation process to include the following:
  - i. compatibility of the student to the examiner(s);
  - ii. suitability of the evaluation environment;
  - iii. existence of any extraordinary conditions;
  - j. a description and explanation of any discrepancies noted during the evaluation process;
  - k. recommendations for developing the content of the student's IEP including types of services necessary to meet the educational needs of the student and to enable the student to access and progress in the general education curriculum, or for students ages 3-5 to participate in appropriate activities;
  - l. a brief summary of the evaluation findings;
  - m. explanation of all extensions of the evaluation timelines including documentation of parental approval; when necessary;
  - n. names of assessment personnel participating in the evaluation;
  - o. signatures of assessment personnel whose conclusions are accurately reflected in the report:
    - i. if a participating appraisal person disagrees with the conclusion(s) in the integrated report, that person may submit a separate signed dissenting opinion stating the disagreement and giving supporting data and conclusion(s) prior to the IEP meeting; and
    - p. the documentation of the determination of eligibility including signatures of the evaluation team members and the parents.

C. During the conduct of the evaluation, the team may suspect that a student is non-exceptional based on selected components. The final written report shall be a compilation of all assessments and procedures conducted with supporting data and conclusions.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:902 (May 2009), effective July 1, 2009, amended LR 51:2040 (December 2025).

**§515. Determination of Eligibility****A. Special Rule for Eligibility Determination**

1. A student shall not be determined to be a student with a disability if the determinant factor for that eligibility determination is:

- a. lack of appropriate explicit and systematic instruction in reading, including the essential components of reading instruction: phonics, phonemic awareness, fluency, comprehension and vocabulary;
- b. lack of appropriate instruction in math; or
- c. limited English proficiency.

2. A student shall not be determined to be a student with an exceptionality if the student does not otherwise meet the eligibility criteria as a student with an exceptionality as defined in this handbook.

**B. Upon completion of the administration of assessments and other evaluation components:**

1. the evaluation team members and the parents of the student shall determine whether the student is a student with an exceptionality, and the educational needs of the student; and

2. the LEA shall provide a copy of the evaluation report and the documentation of determination of eligibility at no cost to the parent. If a parent disagrees with the results of the evaluation report, the LEA shall provide to the parent a copy of the procedural safeguards, including the right to an Independent Educational Evaluation.

**C. Procedures for Determining Eligibility and Educational Need**

1. In interpreting evaluation data for the purpose of determining if a student is a student with an exceptionality as defined in this handbook, and the educational needs of the student, the evaluation team members shall:

- a. draw upon information from a variety of sources, including aptitude and achievement tests, parent input, and teacher recommendations, as well as information about the student's physical condition, social or cultural background, and adaptive behavior; and
- b. ensure that information obtained from all of these sources is documented and carefully considered.

2. If a determination is made that a student has an exceptionality and needs special education and related services, an IEP shall be developed for the student.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 17:1941 et seq.

**HISTORICAL NOTE:** Promulgated by the Board of Elementary and Secondary Education, LR 35:903 (May 2009), effective July 1, 2009.

**§517. Independent Educational Evaluation**

**A.** The parents of a student with a disability or an exceptionality have a right to obtain an independent

educational evaluation (IEE) of the student as described in Chapter 5 of Bulletin 1706.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 17:1941 et seq.

**HISTORICAL NOTE:** Promulgated by the Board of Elementary and Secondary Education, LR 35:904 (May 2009), effective July 1, 2009.

**Chapter 7. Disabilities****§701. Autism**

**A. Definition.** *Autism* is a developmental disability that impacts the development of social-emotional skills, communication, and relating to others and their environment, generally evident before age three, but may not fully manifest until after age three depending on the environmental and social demands placed upon the child during their early development, and results in adverse impact on educational performance.

**B. Criteria for Eligibility.** The multidisciplinary team may determine that the student displays autism if disturbances identified in all three of the categories below exist and adversely affect a student's educational performance. These disturbances may be characterized by delays, deviancies, arrests, and/or regressions in typical skill development, and/or precocious skill acquisition. While autism is behaviorally defined, manifestation of behavioral characteristics may vary along a continuum ranging from mild to severe.

1. Persistent deficits in social communication and social interaction across multiple contexts, as manifested currently or by history through all of the following;

a. deficits in social-emotional reciprocity including, but not limited to, abnormal social approach, failure of normal back-and-forth conversation, reduced sharing of interests, emotions, or affect, and failure to initiate or respond to social interactions;

b. deficits in nonverbal communicative behaviors used for social interaction including but not limited to poorly integrated verbal and nonverbal communication, abnormalities in eye contact and body language, deficits in understanding and use of gestures, total lack of facial expressions, and nonverbal communication;

c. deficits in developing, maintaining, and understanding relationships including but not limited to difficulties adjusting behavior to suit various social contexts, difficulties in sharing imaginative play or in making friends, and absence of interest in peers.

2. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following:

a. stereotyped or repetitive motor movements, use of objects, or speech including but not limited to simple motor stereotypes, lining up toys, flipping objects, echolalia, and idiosyncratic phrases.

b. insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior including but not limited to extreme distress at small changes,

difficulties with transitions, rigid thinking patterns, greeting rituals, need to take the same route, or eat the same food every day;

c. highly restricted, fixated interests that are abnormal in intensity or focus including but not limited to strong attachment to or preoccupation with unusual objects, excessively circumscribed, or perseverative interest;

d. hyper- or hypoactivity to sensory input or unusual interests in sensory aspects of the environment including but not limited to apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement.

3. Impaired environmental functioning significantly interferes with educational performance.

C. Procedures for Evaluation. Conduct all procedures in accordance with §513 of this Part.

D. Additional procedures for evaluation:

1. a comprehensive assessment conducted by a certified school psychologist, licensed specialist in school psychology, licensed psychologist with school specialty, physician, or other qualified examiner trained or experienced in the evaluation of students with developmental disabilities;

2. systematic observations of the student in interaction with others such as parents, teachers, and peers across settings in the student's customary environments, including structured and non-structured times;

3. if the results of hearing screening are not definitive, the student shall be referred to an audiologist;

4. a speech and language assessment conducted by a speech/language pathologist trained and experienced in the evaluation of children with developmental disabilities. For non-verbal communicators, an augmentative/alternative communication assessment should be conducted to determine needs and modes of communication;

5. the educational assessment shall include the review and analysis of the student's response to scientifically research-based academic interventions documented by progress monitoring data, when needed;

6. if sensory motor screening and intervention data indicate at-risk, an occupational therapy assessment to address sensory processing and motor difficulties limiting access and participation in the educational program. All observed symptoms should be clearly documented. At a minimum, sensory processing assessment should address the following:

- a. visual symptoms;
- b. auditory symptoms;
- c. tactile symptoms;
- d. vestibular (balance) symptoms;
- e. olfactory (smell) and gustatory (taste) symptoms;

f. proprioceptive (movement) symptoms;

g. motor planning difficulties; and

h. attention/arousal difficulties;

7. an assessment of adaptive behavior to assist in determining severity levels and impact of characteristics on everyday functioning in the school setting;

8. other assessments as determined to be appropriate and necessary by the evaluation coordinators and the multidisciplinary team to explore the impact of comorbid disorders and inform intervention planning within the educational setting.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:904 (May 2009), effective July 1, 2009, amended LR 51:2041 (December 2025).

### §703. Deaf-Blindness

A. Definition. *Deaf-Blindness* is concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that they cannot be accommodated in special education programs solely for students with deafness or students with blindness.

1. If a student has only two disabilities and those disabilities are deafness and blindness, the student must be classified as having deaf-blindness. Each LEA shall notify State Deaf-Blind Census of all students who have both hearing and visual impairments.

B. Criteria for Eligibility. Evidence of criteria listed in Paragraphs 1, 2, and 3 are required.

1. Vision impairment in accordance with §725 of this Chapter.

2. Deaf and/or hard of hearing in accordance with §709 of this Chapter.

3. Educational Need

a. Educational determination that the student's combined vision and hearing losses are such that he/she cannot be served appropriately solely by the special education program for either visual impairments or deafness and/or a hearing loss.

C. Procedures for Evaluation. Conduct all procedures described under §513, Evaluation Components.

D. Additional procedures for evaluation:

1. an assessment of the student's vision conducted by an ophthalmologist or optometrist. When the impairment results from a documented medical condition, it shall be verified in the report of an ophthalmologist, pediatrician, or pediatric neurologist. When the condition is progressive or unstable, the need for a yearly eye examination will be documented in the integrated report;

2. an assessment of the student's hearing conducted by an audiologist or otologist;

3. an orientation and mobility screening conducted to assess the student's ability to travel around in his or her environment. (There is a suggested screening checklist in the Appendix.) Based on the results of the screening, an assessment conducted by a qualified orientation and mobility instructor may be warranted;

4. the educational assessment conducted should verify that the student's combined vision and auditory losses are such that he/she cannot be served appropriately by a program for students with visual or deafness and/or a hearing loss;

5. the family interview must include an investigation of family history of Usher Syndrome or other contributing medical difficulties;

6. a speech and language assessment of receptive and expressive language to include the student's language level and communication skills conducted by a speech/ language pathologist. The examiner should be fluent in the student's primary mode of communication or should utilize the services of a certified interpreter/transliterater, when necessary.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:905 (May 2009), effective July 1, 2009, amended LR 43:2493 (December 2017), LR 49:1210 (July 2023), LR 51:2041 (December 2025).

#### §705. Developmental Delay

A. Definition. *Developmental Delay* is a disability in which students/children, ages three through eight, are identified as experiencing developmental delays in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development or adaptive development.

1. A student shall be classified categorically if it is determined through the evaluation process, that the student has the specific sensory impairment of blindness or deafness and needs special education and related services. A student who meets the criteria for other disabilities may be classified categorically. If delays in addition to speech or language are evident, the student should be classified as having Developmental Delay or one of the other categorical disabilities.

2. The use of the Developmental Delay category is optional to the local educational agencies. LEAs that choose not to use this category must classify categorically.

3. If a student has only two disabilities and those disabilities are deafness and blindness, the student must be classified as having deaf-blindness. Each LEA shall notify State Deaf-Blind Census of all students who have both hearing and visual impairments.

B. Criteria for Eligibility. The student/child must be between the ages of three through eight years, and functioning significantly below age expectancy (i.e., exhibiting a delay of 25 percent or more on criterion-based measures or achieving a standard score greater than or equal to 1.5 standard deviations below the mean on norm-based measures) in one or more of the following areas:

1. physical development, which includes:
  - a. gross motor skills;
  - b. fine motor skills; and
  - c. sensory (visual or hearing) abilities;
2. social, adaptive or emotional development, which includes:
  - a. play (solitary, parallel, cooperative);
  - b. peer interaction;
  - c. adult interaction;
  - d. environmental interaction;
  - e. expression of emotions; and
  - f. self-help including feeding, clothing management, and toileting;
3. cognitive or communication development, which includes:
  - a. language (receptive or expressive);
  - b. concrete or abstract reasoning skills;
  - c. perceptual discriminations;
  - d. categorization and sequencing;
  - e. task attention;
  - f. memory; and
  - g. essential developmental or academic skills, as appropriate.

C. Procedures for Evaluation. Conduct all procedures in accordance with §513 of this Part.

D. Additional procedures for evaluation:

1. an examination conducted by a physician not only when the student appears to have a severe medical condition but also when deemed necessary by the evaluation coordinator. When the medical report indicates the student has a health or physical impairment requiring health technology, management or treatments including a special diet or medication, or needs assistance with activities of daily living due to health concerns, the school registered nurse or other qualified personnel will conduct a health assessment;

2. the educational assessment for school aged students shall include the review and analysis of the student's response to scientifically research-based interventions documented by progress monitoring data;

3. a functional/developmental assessment for preschool-aged children conducted by an educational diagnostician or other qualified pupil appraisal staff member who has appropriate training in the evaluation of early childhood disorders and/or development to determine not only levels of performance but to also include an analysis of the student's participation in appropriate activities;

4. a speech/language assessment conducted by a speech/language pathologist when a speech or language impairment is suspected;

5. an assessment conducted by an occupational therapist when sensory-motor, perceptual-motor, fine motor or adaptive skills integration difficulties are suspected and limited functional performance.

#### E. Procedures for Reevaluation

1. When a triennial reevaluation must be conducted during the time period a student is classified as having developmental delays, the waiver process may be used when no other disability category is suspected and the student continues to have a disability and is still in need of special education and related services.

2. The reevaluation of students classified with Developmental Delay shall be conducted prior to the student's ninth birthday to determine whether to declassify or to classify the student categorically. The reevaluation shall include all initial evaluation procedures for the suspected exceptionality.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:906 (May 2009), effective July 1, 2009, amended LR 51:2041 (December 2025).

### §707. Emotional Disturbance

A. Definition. *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 student's educational performance. The term includes schizophrenia but does not apply to children who are socially maladjusted, unless the student is determined to have an emotional disturbance.

1. an inability to learn that cannot be explained by intellectual, sensory, or health factors;

2. an inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

3. inappropriate types of behavior or feelings under normal circumstances;

4. a general pervasive mood of unhappiness or depression; and/or

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

B. Criteria for Eligibility. Evidence of criteria listed in Paragraphs 1, 2, 3 and 4 shall all be met. The student exhibits behavioral or emotional responses so different from age appropriate, cultural, or ethnic norms that they adversely affect the student's educational performance which includes academic progress, social relationships, work, personal adjustment, and/or behavior in the school setting. Such a disability is more than a temporary, expected response to stressful events in the environment; is consistently exhibited in two different settings, one of which must be the school setting; and persists despite individualized intervention within

general education and other settings. Emotional disturbance can co-exist with other disabilities.

1. Functional Disability. There is evidence of severe, disruptive and/or incapacitating functional limitations of behavior characterized by at least one of the following:

a. the inability to exhibit appropriate behavior routinely under normal circumstances;

b. a tendency to develop physical symptoms or fears associated with personal or school problems;

c. the inability to learn or work that cannot be explained by intellectual, sensory, or health factors;

d. the inability to build or maintain satisfactory interpersonal relationships with peers and adults; or

e. a general pervasive mood of unhappiness or depression.

2. Duration. There is evidence of at least one of the following:

a. the impairment or pattern of inappropriate behavior(s) has persisted for at least one year;

b. there is substantial risk that the impairment or pattern of inappropriate behavior(s) will persist for an extended period; or

c. there is a pattern of inappropriate behaviors that are severe and of short duration.

3. Educational Performance. There is evidence that all of the following are true.

a. Educational performance must be significantly and adversely affected as a result of behaviors that meet the definition of emotional disturbance.

b. Behavioral patterns, consistent with the definition, exist after behavior intervention and/or counseling and educational assistance implemented through the RTI process which includes documented research-based interventions targeting specific behaviors of concern.

i. Documented evidence must show that scientifically research-based interventions implemented with fidelity did not significantly modify the problem behavior. The intervention(s) shall include operationally defined target behaviors, systematic measurement of the behaviors of concern, establishment of baseline, monitoring of the student's response to the intervention following intervention implementation, or prior to with repeated measures during the intervention. Documentation shall include graphing/charting of the results of the intervention(s), information regarding the length of time for which each intervention was conducted, and any changes or adjustments made to an intervention. *Significantly modify* means that a change in behavior is demonstrated to such a degree that, with continuation of the intervention program by the general education teacher and/or other support personnel, the student could continue in the general education program.

4. The behaviors of concern are exhibited across at least two different settings (home, school, and community), one of which must be school.

C. Procedures for Evaluation. Conduct all procedures described under §513, Evaluation Components.

D. Additional procedures for evaluation:

1. a psycho-social assessment conducted by a social worker, school psychologist, licensed specialist in school psychology, or licensed psychologist with a school specialty, or other qualified pupil appraisal staff member, which includes an interview with the student's parent(s), or care giver. If the assessment determines the student to be out-of-home, out-of-school or "at risk" of out-of-school, or out-of-home placement and in need of multi-agency services, the student must be considered for referral to any existing interagency case review process;

2. a review of the functional behavior assessment which includes a description of the intensity, duration and frequency of occurrence of target behaviors and a description of antecedent(s) and consequence(s) maintaining the behavior(s). The assessment should be conducted across settings with multiple informants and should include a determination of the function(s) of the behavior(s) of concern;

3. a review of the appropriateness and effectiveness of the documented intervention(s). If interventions were not conducted prior to the evaluation, intervention(s) must be implemented during the evaluation process. Suspension/expulsion cannot be used as an intervention;

4. a comprehensive psychological assessment conducted by a certified school psychologist or a licensed psychologist, or psychiatric assessment conducted by a psychiatrist. The assessment shall include, at a minimum, an appraisal of the student's cognitive, emotional, and social functioning including self-concept;

5. the evaluation report shall include recommendations for the provision of counseling, school psychological, or school social work services as a related service. If these services are determined not to be necessary, written documentation of the justification for not providing the services shall be included in the evaluation report;

6. other assessment procedures determined to be necessary by the multidisciplinary team.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:907 (May 2009), effective July 1, 2009, amended LR 51:2042 (December 2025).

### §709. Deaf and/or Hard of Hearing

A. Definition. *Deaf and/or Hard of Hearing*—a loss of hearing, whether permanent or fluctuating, that adversely affects a student's educational performance. It includes deafness, which is a hearing disability that is so severe that the student is disabled in processing linguistic information through hearing, with or without amplification.

1. Deafness is a hearing loss with an unaided pure tone average of 70dB (ANSI) or more in the better ear at 500, 1000, and 2000 Hz. The hearing loss is so severe that the student is impaired in processing linguistic information through hearing, with or without amplification.

2. Hard of Hearing includes the following.

a. *Permanent Hearing Loss*—a hearing loss with an unaided pure tone average in the better ear at 500, 1000, and 2000 Hz between 25 and 70 dB (ANSI). The hearing loss is severe enough to be considered educationally significant, as it will to varying degrees impact the normal development of speech and language skills and/or interfere with learning new information through the auditory modality.

b. *Unilateral Hearing Loss*—a permanent hearing loss with an unaided pure tone average in the poorer ear at 500, 1000, and 2000 Hz of 40 dB (ANSI) or greater. The hearing in the better ear is within the normal range (pure tone average of 20 dB or better at 500, 1000, and 2000 Hz). The hearing loss in the poorer ear is of sufficient severity to be considered educationally significant because it may affect the person's ability to process linguistic information and/or localize sound, particularly in the presence of background noise.

c. *High Frequency Hearing Loss*—a bilateral hearing loss with an unaided pure tone average of 40 dB or greater at any two of the following frequencies (2000, 3000, 4000 or 6000 Hz). The hearing loss is educationally significant because it is of sufficient severity to impact the person's ability to process linguistic information, particularly in the presence of background noise.

3. If a student has only two disabilities and those disabilities are deafness and blindness, the student must be classified as having deaf-blindness. The LEA shall notify State Deaf-Blind Census of all students who have both hearing and visual impairments.

B. Criteria for Eligibility. Evidence of criteria listed in Paragraphs 1 and 2 must be met:

1. there must be audiological evidence that the student is either deaf or hard of hearing, consistent with the definition; and

2. there must be evidence that the hearing loss adversely affects the student's educational performance.

C. Procedures for Evaluation. Conduct all procedures described under §513, Evaluation Components.

D. Additional Procedures for Evaluation

1. The interview with the student must be conducted in the student's primary mode of communication.

2. An assessment of the student's hearing sensitivity, acuity, with and without amplification shall be conducted by a licensed audiologist or a licensed physician with specialized training or experience in the diagnosis and treatment of a hearing loss.

3. The student, family and teacher interviews should include the following discussions:

- a. the student's language and communication needs;
- b. opportunities for direct communication with peers and professional personnel in the student's language and primary mode of communication;
- c. academic functioning levels; and
- d. the full range of needs, which include opportunities for direct instruction in the student's language and primary mode of communication;

4. The statewide assessment center for students who are deaf and/ or hard of hearing may be used as a resource to conduct the evaluation.

5. A speech and language assessment of receptive and expressive language to include the student's language level and communication skills conducted by a speech/language pathologist. The examiner should be fluent in the student's primary mode of communication or should utilize the services of a certified interpreter/transliterater, when necessary.

6. For students with deafness, a description of how the impairment is impacting the student's ability to process linguistic information shall be provided.

#### E. Reevaluation

1. If at the time of the triennial reevaluation, the student has not been considered for Usher Syndrome and it is judged that the student is "at risk" for the syndrome, the triennial reevaluation cannot be waived.

2. Students who are considered "at risk" for Usher Syndrome shall receive a comprehensive vision examination by an ophthalmologist or optometrist.

- a. "At-risk" indicators are the following:
  - i. unable to walk by 13 months;
  - ii. difficulty seeing in low lighting situation;
  - iii. glare sensitivity;
  - iv. immediate family member(s) diagnosed with Usher Syndrome;
  - v. difficulty seeing people/objects in visual periphery;
  - vi. difficulty focusing on objects/written word; or
  - vii. balance problems.

b. Students identified through screening, as "at risk" shall be referred to an ophthalmologist for assessment to document the presence of any disease process.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 17:1941 et seq.

**HISTORICAL NOTE:** Promulgated by the Board of Elementary and Secondary Education, LR 35:908 (May 2009), effective July 1, 2009, amended LR 43:2493 (December 2017), LR 51:2042 (December 2025).

## §711. Intellectual Disability

A. **Definition.** *Intellectual disability* means significantly sub-average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a student's educational performance.

1. In every case, determination of an intellectual disability shall be based on an assessment of a variety of factors including educational functioning, adaptive behavior, and past and current developmental functioning (e.g., indices of social, intellectual, adaptive, verbal, motor, language, emotional, and self-care development for age).

B. **Criteria for Eligibility.** Evidence of criteria listed in Paragraphs 1 through 5 must all be met.

1. Documented evidence must show that evidence based intervention(s) implemented with fidelity did not significantly modify the areas of concern. The intervention(s) shall include operationally defined target behaviors, systematic measurement of the academic and/or social areas of concern, establishment of baseline, and monitoring of the student's response to the intervention. These results may not be available for students with low incidence impairments.

2. For all students meeting the classification of intellectual disability as defined in Subparagraphs a through c, the degree of impairment shall be specified.

a. The measured intelligence and adaptive behavior functioning of a student with an intellectual disability, mildly impaired generally falls between two and three standard deviations below the mean. The student's adaptive behavior functioning falls below age and cultural expectations and is generally commensurate with the assessed level of intellectual functioning.

b. The measured intelligence and adaptive behavior functioning of a student with an intellectual disability, moderately impaired generally falls between three and four standard deviations below the mean. The student's adaptive behavior functioning falls below age and cultural expectations and is generally commensurate with the assessed level of intellectual functioning.

c. The measured intelligence and adaptive behavior functioning of a student with an intellectual disability, severely impaired generally falls greater than four standard deviations below the mean. The student's adaptive behavior functioning falls below age and cultural expectations and is generally commensurate with the assessed level of intellectual functioning.

3. The learning problems are not due primarily to such factors as:

- a. other disabling conditions;
- b. lack of appropriate explicit and systematic instruction in reading which includes the essential components of reading instruction: phonics, phonemic awareness, fluency, comprehension, and vocabulary;
- c. lack of appropriate instruction in math;

- d. limited English proficiency;
- e. lack of educational opportunity;
- f. emotional stress in the home or school; or
- g. environmental, or economic disadvantage.

4. The student's academic or pre-academic functioning levels are generally commensurate with the assessed level of intellectual ability.

5. The deficits occurred during the developmental period.

C. Procedures for Evaluation. Conduct all procedures described under §513, Evaluation Components.

D. Additional procedures for evaluation:

1. the educational assessment should include informal and formal assessments, the review and analysis of assessment results and the student's response to scientifically research-based interventions documented by progress monitoring data;

2. an assessment of adaptive behavior including information provided by both parent(s) and teacher. When information is provided by only one informant, the reason must be explained in the report;

3. a psychological assessment conducted by a certified school psychologist, licensed specialist in school psychology, or licensed psychologist with a school specialty which includes the following procedures:

a. an appraisal of emotional or cultural/linguistic factors that may be causing or contributing to the student's problems;

b. a standardized nondiscriminatory individual assessment of intellectual functioning. The examiner shall review all available information regarding the student, the student's family, and the socio-cultural background of the student to determine whether the intellectual assessment results have been unduly influenced by such factors;

4. an assessment of language development and/or communication skills conducted by a speech/language pathologist or other qualified pupil appraisal staff member. For non-verbal communicators, an augmentative/alternative communication assessment should be conducted to determine needs and modes of communication;

5. other assessment procedures deemed necessary by the multidisciplinary team.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:909 (May 2009), effective July 1, 2009, amended LR 42:400 (March 2016), LR 51:2042 (December 2025).

### §713. Multiple Disabilities

A. Definition. *Multiple disabilities* means concomitant impairments (such as intellectual disability-blindness, orthopedic impairment-deafness, autism-orthopedic

impairment, or emotional disturbance intellectual disability), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments.

1. If a student has only the two disabilities of deafness and blindness, the student must be classified as having deaf-blindness and not developmental delay or multiple disabilities. The LEA shall notify State Deaf-Blind Census of all students who have both hearing and visual impairments.

B. Criteria for Eligibility. Evidence of criteria listed in Paragraphs 1 and 2 must both be met.

1. The full criteria for eligibility for each exceptionality described in this Handbook must be met. Each of these conditions must additionally be to a severe or moderate degree.

2. The individual cannot be educated in a special educational program specifically designed for one of the impairments with additional related services for the other condition.

C. Procedures for Evaluation. Conduct all procedures described under §513, Evaluation Components.

D. Additional procedures for evaluation:

1. procedures for evaluation appropriate to each suspected disabling condition as described in this handbook must be followed;

2. the evaluation must indicate and the pupil appraisal examiners must certify that the disabling conditions are each moderate or severe;

3. the educational assessment shall describe how the severity of the student's needs leads to the classification of Multiple Disabilities.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:909 (May 2009), effective July 1, 2009, amended LR 42:401 (March 2016), LR 51:2043 (December 2025).

### §715. Orthopedic Impairment

A. Definition. *Orthopedic Impairment* means a severe orthopedic impairment that adversely affects a student's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.); and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

B. Criteria for Eligibility. Evidence of criteria listed in Paragraphs 1 or 2, and 3 must be met:

1. muscular or neuromuscular disabilities that significantly limit the ability to move about, sit, or manipulate the materials required for learning; or

2. skeletal deformities or abnormalities that affect ambulation, posture, and body use necessary in schoolwork; and

3. impaired environmental functioning that significantly interferes with educational performance.

C. Procedures for Evaluation. Conduct all procedures described under §513, Evaluation Components.

D. Additional procedures for evaluation:

1. a report of a medical examination conducted within the previous 12 months from a physician qualified by training or experience to assess the student's orthopedic or neurological problems. The report must provide a description of the impairment, any medical implications for instruction or physical education, and must indicate adaptive equipment and support services necessary for the student to benefit from the general education curriculum, as appropriate. When the medical report indicates the student has a health or physical impairment requiring health technology, management, or treatments including a special diet or medication or that the student needs assistance with activities of daily living, the school registered nurse or other qualified personnel will conduct a health assessment;

2. an assessment of the need for adapted physical education shall be conducted;

3. when deemed necessary by the evaluation coordinator and the multidisciplinary team, an occupational therapy assessment or physical therapy assessment, or both shall be conducted;

4. the educational assessment shall include the review and analysis of the student's response to scientifically research-based interventions documented by progress monitoring data, when appropriate;

5. the family interview should clarify parental concerns about the student's educational needs and identify health care providers and/or community resources used in caring for the student's medical or physical needs.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:910 (May 2009), effective July 1, 2009, LR 51:2043 (December 2025).

### §717. Other Health Impairment

A. Definition. *Other Health Impairment* means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment that is due to chronic or acute health problems, and may include such conditions as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia and Tourette syndrome and adversely affects a student's educational performance.

1. Other Health Impairment is not intended for students with mood and anxiety disorders which would be more appropriately addressed under emotional disturbance, if criteria are met.

B. Criteria for Eligibility.

1. One of the following:

a. The disability results in reduced efficiency in schoolwork because of temporary or chronic lack of strength, vitality, or alertness, and includes such conditions as those specified in the definition; or

b. a severe disability significantly limits one or more of the student's major life activities such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working.

2. The student exhibits impaired environmental functioning that adversely affects his or her educational performance; and

3. If the diagnosed impairment has behavioral implications that research has shown to respond to behavioral interventions, including non-disruptive behaviors such as inattention and aspects of executive functioning, and the disability results in reduced efficiency in schoolwork because of temporary or chronic lack of strength, vitality, or alertness, and includes such conditions outlined in Paragraph A of this Section, documented evidence must show that scientifically research-based interventions implemented with fidelity did not significantly modify the problem behavior. *Significantly modify* means that a change in behavior is demonstrated to such a degree that, with continuation of the intervention program by the general education teacher and/or other support personnel, the student could continue in the general education program.

C. Procedures for Evaluation. Conduct all procedures in accordance with §513 of this Part.

D. Additional procedures for evaluation:

1. a report of an examination, conducted within the previous 12 months from a physician or other licensed health care provider licensed to practice medicine in the state of Louisiana or any other state of the United States and qualified in accordance with their licensed scope of practice to assess and diagnose the student's health problems, giving not only a description of the impairment but also any implications for instruction and physical education. When the report indicates the student has a health condition requiring health technology, management or treatments including a special diet or medication or that the student needs assistance with activities of daily living, the school registered nurse or other qualified personnel will conduct a health assessment. For attention deficit disorder or attention deficit hyperactivity disorder, a diagnostic report from a qualified health care professional, physician, physician's assistant, a nurse practitioner, neurologist, or psychiatrist may be considered but shall not be required.

2. if the diagnosed impairment has behavioral implications that research has shown to respond to behavioral interventions, including non-disruptive behaviors such as inattention and aspects of executive functioning, the following procedures shall be conducted:

a. comprehensive assessment conducted by a certified school psychologist, licensed specialist in school

psychology, licensed psychologist, physician, or other qualified examiner trained or experienced in the evaluation of students with behavioral disorders;

b. a review of documented evidence which shows that scientifically research-based interventions implemented with fidelity did not significantly modify the problem behavior. The intervention(s) shall include operationally defined target behaviors, systematic measurement of the behaviors of concern, establishment of baseline, monitoring of the student's response to the intervention following intervention implementation, or prior to with repeated measures during the intervention. Documentation shall include graphing/charting of the results of the intervention(s), information regarding the length of time for which each intervention was conducted, and any changes or adjustments made to an intervention;

c. a review of the appropriateness and effectiveness of the documented intervention(s), and the implementation of additional intervention(s), if deemed necessary. Suspension/expulsion cannot be used as an intervention;

3. the family interview should clarify parental concerns about the student's educational needs and identify health care providers and/or community resources used in caring for the student's medical or physical needs;

4. any additional assessments deemed necessary by the evaluation coordinator and the multidisciplinary team.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:910 (May 2009), effective July 1, 2009, amended LR 42:401 (March 2016), LR 51:2043 (December 2025).

### §719. Specific Learning Disability

A. Definition. *Specific learning disability* means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of intellectual disability, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

B. Criteria for Eligibility. Evidence of criteria listed in Paragraphs 1, 2, 3, and 4 must be met:

1. the learning problems are not primarily the result of:
  - a. visual, hearing, or motor disability;
  - b. intellectual disability;
  - c. emotional disturbance;
  - d. cultural factors;
  - e. environmental or economic disadvantage;

f. limited English proficiency;

2. there shall be a comprehensive and documented review of evidence-based intervention(s) conducted with fidelity and for the length of time necessary to obtain sufficient data to determine their effectiveness. Interventions shall be appropriate to the student's age and academic skill deficits and shall address the area(s) of concern presented by the SBLC. The RTI process shall provide sufficient data to determine if the student is making adequate progress in the general educational curriculum. The individual intervention(s) summary must include graphing of the results of the intervention(s), information regarding the length of time for which each intervention was conducted, and any changes or adjustments made to an intervention. If adequate progress is not evident or the interventions require such sustained and substantial effort to close the achievement gap with typical peers, further assessment using standardized achievement measures shall be conducted to determine if the child/youth exhibits a specific learning disability consistent with the definition. The intervention data shall demonstrate that the student did not make sufficient progress to meet state approved grade level standards in one or more of the following areas:

- a. oral expression;
- b. listening comprehension;
- c. written expression;
- d. basic reading skills;
- e. reading fluency skills;
- f. reading comprehension;
- g. mathematics calculation; or
- h. mathematics problem solving;

3. to ensure that underachievement in a student suspected of having a specific learning disability is not due to lack of appropriate instruction in reading or math, the evaluation team must document the review of data that demonstrate that prior to, or as part of, the referral process:

a. the student was provided appropriate instruction in math within the general education classroom, delivered by qualified personnel; and/or

b. the student was provided explicit and systematic instruction in reading which includes the essential components of reading instruction: phonics, phonemic awareness, fluency, comprehension, and vocabulary within the general education classroom; and

c. the general education instruction was delivered by qualified personnel; and

d. data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, was provided to the student's parents:

4. to support the findings in Paragraphs 1 through 3 above, evidence of a pattern of strengths and weaknesses must be documented as follows:

a. area of weakness addressed by the interventions shall be demonstrated by performance greater than one and one-half standard deviations below the mean in grades 1 and 2, or greater than two standard deviations below the mean in grades 3 through 12 using chronological age norms in one or more of the areas listed in Subparagraphs 2.a-h above; and

b. area of strength as demonstrated by performance no more than one-half standard deviation below the mean in grades 1 and 2 or no more than one standard deviation below the mean in grades 3 through 12 using chronological age norms in one or more of the areas in accordance with Subparagraph 2 of this Section.

c. When the combination of the scientifically research-based intervention outcomes and standardized testing does not result in clearly established strengths and weaknesses, but a preponderance of all data collected supports the team's position that the student is a student with a specific learning disability, a full explanation and justification must be included in the evaluation report.

d. scientifically research-based intervention data supports the team's position that the student is a student with a specific learning disability.

C. Procedures for Evaluation. Conduct all procedures in accordance with §513 of this Part.

D. Additional procedures for evaluation:

1. the student's general education teacher must serve on the team to document the student's academic performance and behavior in the areas of difficulty and to provide documentation for any previous interventions. If the student does not have a general education teacher, a general education classroom teacher qualified to teach a student-of-his or her age must serve on the team;

2. the LEA must ensure that the student is observed in the learning environment which includes the regular classroom setting to document the student's academic performance and behavior in the areas of difficulty. The team may:

a. use information from an observation in routine classroom instruction and monitoring of the student's performance that was done before the student was referred for evaluation; or

b. conduct an observation of the student's academic performance in a regular classroom after the parental consent has been obtained;

c. in the case of a student out of school, a team member shall observe the child in an environment appropriate for a child of that age;

3. the evaluation team shall review and analyze the student's response(s) to scientifically research-based intervention(s) documented by progress monitoring data;

4. based on the review and analysis in Subparagraph 3 above and the reason(s) for referral, a formal educational assessment shall be conducted by an educational diagnostician or other qualified personnel with training in formal educational assessment. This assessment shall document the pattern of strengths and areas of low achievement;

5. a psychological assessment shall be conducted by a certified school psychologist, licensed specialist in school psychology, or licensed psychologist with a specialty in school, when necessary, to rule out an intellectual disability;

6. a speech/language assessment shall be conducted by a speech/language pathologist when oral expression or listening comprehension is suspected to be an area of impairment. The results of the speech/language assessment may and should be used when considering strengths and areas of low achievement for this exceptionality;

7. when neurological or other health/medical problems are suspected, an assessment shall be conducted by a physician, neurologist, or neuropsychologist.

8. When dyslexia is suspected and there is no diagnosis by a qualified professional as defined in LAC 28:XXXV. *Bulletin 1903*, a preponderance of evidence is considered. The evidence shall include qualification for a Specific Learning Disability in one of the reading-related areas in this Section accompanied by a weakness in phonological processing, and/or a weakness in spelling.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:911 (May 2009), effective July 1, 2009, amended LR 42:401 (March 2016), LR 51:2043 (December 2025).

## §721. Speech or Language Impairment

A. Definition. *Speech or Language Impairment* means a communication deficit(s) with impairment in the area(s) of fluency, articulation, voice, or language that adversely affects a student's educational performance and access to the general education curriculum. Dialectal variations alone do not qualify a student to be classified as having speech or language impairment.

B. Criteria for Eligibility. Evidence of criteria listed in Paragraphs 1, 2, 3 or 4, and 5 must be met for a student to be classified as having a Speech or Language Impairment.

1. Articulation—non-maturational speech deficit of one or more phonemes characterized by consistent addition, substitution, omission, or consistent incorrect production of speech sounds, and:

a. for a student enrolled in kindergarten or above, data from documented intervention(s) conducted by a speech-language pathologist or speech-language pathology assistant that indicates that it is unlikely based on the student's rate of learning, that the student will acquire correct use of targeted phoneme(s) within a reasonable period of time; or

2. Fluency—inappropriate rate and time patterning of speech at least 5 percent of the time, characterized by any of the following: sound and syllable repetitions, sound prolongations, audible or silent blocking, interjections, broken words, circumlocutions, or words produced with an excess of tension and accompanied by ancillary movements that are indicative of stress or struggle, and:

a. for a student enrolled in kindergarten or above, data from documented intervention(s) conducted by a speech-language pathologist or speech-language pathology assistant that indicates it is unlikely, based on rate of learning, that the student will attain normal fluency within a reasonable period of time;

b. a student exhibiting normal non-fluencies occurring during the developmental speech stage does not meet this criterion, or

3. Voice—any consistent deviation in pitch, intensity, quality, or other basic phonatory or resonatory attribute, and:

a. for a student enrolled in kindergarten or above, data from documented intervention(s) conducted by a speech-language pathologist or speech-language pathology assistant that indicates it is unlikely, based on rate of learning, that the student will attain normal voice quality within a reasonable period of time. There must be an assessment conducted by the appropriate medical specialist prior to conducting intervention(s); or

4. Language—impaired deficits in receptive (listening comprehension) or expressive (oral expression) area(s), disorder of linguistics (the study of language processing including phonology, morphology) syntax, semantics, or pragmatics:

a. a student shall exhibit a deficit of at least 1.5 standard deviations below the mean based on chronological age;

b. for a student in kindergarten or above, data from intervention(s) conducted by a speech-language pathologist or speech language pathologist assistant that indicates that it is unlikely, based on rate of learning, that the student will acquire targeted language skills that significantly impact the student's educational performance and access to the general education curriculum within a reasonable period of time; and

5. there is documented evidence that the impairment significantly interferes with the student's educational performance or significantly interferes with the student's developmental functioning to a degree inappropriate for his or her cultural and social background or overall developmental level:

a. some language difficulties cannot be described as a difference from the norm either because specific norms are not available or because the individual's language is deviant in a way not described adequately by developmental norms. In such cases, language samples should be analyzed and the language behavior should be documented with deviations described in various settings. An overall picture of language behavior should be described. Students who are non-verbal

communicators shall be described, using their augmentative and/or alternative communication needs or modes.

C. Procedures for Evaluation. Conduct all procedures described under §513, Evaluation Components.

D. Additional procedures for evaluation:

1. a speech-language assessment conducted by a licensed speech-language pathologist, which shall include the following procedures:

a. the use of standardized test instruments and/or published normative data in speech-language pathology or child development;

b. formal or informal analysis of a communication sample;

c. additional information gathered from sources such as criterion-referenced materials, communication-related data collected by other professionals (including other pupil appraisal personnel and teachers), and an observation of communication skills;

d. an assessment of the structure and function of the oral peripheral mechanism;

e. assessment of augmentative/alternative communication needs when appropriate; and

f. the review and analysis of intervention data for a student enrolled in kindergarten or above and when appropriate for children aged 3-5;

2. an educational assessment conducted to review academic skills and to determine whether the speech or language impairment significantly interferes with the student's educational performance. The effect of the speech or language impairment on educational performance must be documented in the evaluation report, including an analysis of how the student's disability affects access to and progress in the general curriculum:

a. for a student suspected of having an articulation, fluency or voice disability, an educational assessment may be conducted by the classroom teacher;

b. for a student suspected of having a language deficit, an educational assessment shall be conducted by an educational diagnostician or other qualified pupil appraisal member;

3. a review of the voice assessment conducted by an appropriate medical specialist in all cases in which there is a suspected voice impairment;

4. information from a parent conference or other communication with the parent(s) to determine whether developmental, health, or other factors may be causing, contributing to, or sustaining the speech or language impairment;

5. medical, psychological, and additional educational assessments shall be requested by the evaluation coordinator, when appropriate to the evaluation of the suspected disability.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:912 (May 2009), effective July 1, 2009, amended LR 51:2044 (December 2025).

### §723. Traumatic Brain Injury

A. Definition. *Traumatic Brain Injury* means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a student's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, or motor abilities; psychosocial behavior; physical functions; information processing and speech. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

B. Criteria for Eligibility. Evidence of criteria listed in Paragraphs 1 and 2 must be met for a student to be classified as having a Traumatic Brain Injury:

1. documented medical evidence of an external insult to the brain causing an impairment in accordance with the definition exists; and

2. the impaired functioning significantly affects educational performance.

C. Procedures for Evaluation. Conduct all procedures described under §513, Evaluation Components.

D. Additional procedures for evaluation:

1. medical documentation that there has been an external insult to the brain, which causes an impairment to the cognitive, physical, behavioral or emotional functioning of the individual. A health assessment shall be conducted by a school nurse or other qualified personnel when the medical report indicates the student has an impairment requiring health technology, health management, or health treatments including a special diet or medication, or needs assistance with activities of daily living;

2. a psychological assessment conducted by a certified school psychologist to determine the status of cognitive, behavioral, and emotional functioning;

3. a speech/language evaluation conducted by a speech/language pathologist to determine whether there are speech and/or language difficulties;

4. any other assessment procedures deemed necessary by the multidisciplinary team.

E. Procedures for Reevaluation

1. Due to the implications of a traumatic brain injury, a triennial reevaluation should be conducted if there are notable changes in the school setting regarding cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem-solving, sensory, perceptual, or motor abilities, psychosocial behavior, physical functions, information

processing, or speech. These changes could be noted by any member of the IEP Team.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:913 (May 2009), effective July 1, 2009.

### §725. Visual Impairment

A. Definition. *Visual Impairment* (including *blindness*)—an impairment in vision that even with corrections adversely affects a student's educational performance. The term includes both partial sight and blindness.

1. If a student has the two disabilities of deafness and blindness, the student must be classified as having deaf-blindness and not developmental delay or multiple disabilities. The LEA shall notify the State Deaf-Blind Census of all students who have both visual and hearing disabilities..

B. Criteria for Eligibility. Evidence of 1 of the criterion listed below must be met:

1. visual impairment or loss of vision identified by a functional vision assessment which adversely interferes with the ability to perform academically and which requires the use of specialized textbooks, techniques, materials, or equipment; or

2. visual acuity in the better eye or eyes together with best possible correction of:

a. blindness—20/200 or less distance and/or near acuity; or

b. partial sight—20/70 or less distance and/or near acuity;

3. blindness due to a peripheral field so contracted that the widest diameter of such field subtends an angular distance no greater than 20 degrees and that it affects the student's ability to learn;

4. progressive loss of vision, which may in the future affect the student's ability to learn; or

5. other blindness resulting from a medically documented condition that could include bilateral dysfunction of the optic radiations, the visual cortex, or both, and may coexist with ocular and ocular motor disorders and may include, but not be limited to, the result of trauma or perinatal brain dysfunction.

C. Additional Procedures for Screening

1. Orientation and mobility screening will be conducted to screen the student's ability to travel around in his or her environment. (There is a suggested screening checklist in the Appendix.)

D. Procedures for Evaluation. Conduct all procedures described under §513, Evaluation Components.

E. Additional procedures for evaluation:

1. an eye examination conducted by an ophthalmologist or optometrist. When the impairment results from an active disease process, it shall be verified in the report of an ophthalmologist. When this condition is progressive or unstable, the need for a yearly eye examination shall be documented in the integrated report;

2. the educational assessment shall include:

a. a braille skills inventory, commensurate with grade level literacy and math standards in accordance with R.S. 17:24.4(A)(4) including a functional vision assessment of the degree to which the student utilizes vision to operate within the educational environment performed by a certified teacher of the blind or visually impaired or an orientation and mobility specialist;

b. a research-based learning media assessment to determine the student's needs in appropriate reading and writing media including an assessment of the student's future needs for instruction in Braille or the use of Braille and a statement of the student's strengths and needs. For the student who is a non-reader, learning medium assessment would involve systematic examination of how he/she obtains information through visual, tactile, or auditory methods;

3. based upon the orientation and mobility screening results an assessment, if warranted, shall be conducted by a qualified orientation and mobility instructor for the purpose of identifying the student's ability to travel safely and efficiently in a variety of environments and situations with or without the use of special mobility devices and visual aids;

4. a family interview which addresses the following additional factors:

a. the needs of the family in understanding the student;

b. the community service agencies currently providing assistance to the family in relationship to the student;

c. the expectations of the parents for the student;

d. an appraisal of self-help and other functional skills exhibited at home;

5. when the data indicate a severe visual impairment, the evaluation coordinator should consider referring the student to the Statewide Assessment Center for Students with Visual Impairments for assistance in conducting specialized aspects of the evaluation.

6. If necessary, a low vision assessment centered on how the student uses vision on a daily basis to determine if the student would benefit from optical devices, such as monocular telescopes or magnifiers. As appropriate, visual acuity, visual fields, and color vision shall be assessed.

F. Procedures for Reevaluation. If the visual impairment is progressive or unstable the triennial evaluation must be conducted.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:914 (May 2009), effective July 1, 2009, amended LR 43:2493 (December 2017), LR 49:1211 (July 2023), LR 51:2045 (December 2025).

## Chapter 9. Gifted and Talented

### §901. Gifted

A. Definition. Gifted children and youth are students who demonstrate abilities that give evidence of high performance in academic and intellectual aptitude.

#### B. Procedures for Screening

1. Sensory screening shall be conducted whenever vision or hearing problems are suspected.

2. Each LEA shall develop and implement procedures for screening students suspected of being gifted. The screening criteria shall not exceed the criteria for eligibility.

3. At least two regular school staff members such as the principal/designee, teachers, counselors, pupil appraisal personnel, or other professional staff shall conduct a review of the screening information with the student's teacher. If the student meets the screening criteria, the student shall be evaluated. If the student does not meet the screening criteria, he/she should be exposed to activities that enhance skills and increase knowledge.

#### C. Criteria for Eligibility

1. Preschool and Kindergarten. Evidence of criterion listed in Subparagraph a or b must be met:

a. the student shall obtain a score at least three standard deviations above the mean on an individually administered test of intellectual abilities appropriately standardized on students of this age and administered by a certified school psychologist, licensed specialist in school psychology, or licensed psychologist with a school specialty; or

b. the student shall obtain a combined score of at least 10 when scores are entered into the cells of the Standard Matrix with at least 4 points earned on a test of intellectual abilities.

2. Grades 1-12. Evidence of criterion listed in Subparagraph a, b, or c must be met:

a. the student shall obtain a score of at least two standard deviations above the mean on an individually or group administered test of intellectual abilities appropriately standardized on students of this age and administered by a certified school psychologist, licensed specialist in school psychology, or licensed psychologist with a school specialty; or

b. the student shall obtain a score of at least seven when scores are entered into the cells of the Standard Matrix, at least two points of which is earned on the test of intellectual abilities; or

c. the student shall obtain a score of at least six when scores are entered into the cells of the Standard Matrix, and a

recommendation for classification as gifted is made by pupil appraisal personnel who conducted the evaluation of the student in accordance with the evaluation procedures.

D. Procedures for Evaluation. All tests and other procedures used to evaluate students referred for gifted assessments shall be standardized, non-discriminatory, and appropriate for the cultural background of the students being evaluated. Few, if any, standardized assessment instruments adequately control for the effect of such factors as environmental impoverishment, cultural differences, or the lack of opportunities to learn. It is imperative that such factors be closely attended to in any individual or group assessment of students suspected of being gifted, and given serious consideration by pupil appraisal and special education personnel when determining whether a student is gifted. Any significant discrepancies between formal test results and the student's customary behaviors and daily activities, or any discrepancies among test results should be examined closely during the evaluation and addressed in the evaluation report. The recommendation of the multidisciplinary team either to classify or not to classify a student as gifted must be based on a thorough evaluation of the student's abilities.

1. Preschool and Kindergarten. The individual evaluation shall include at a minimum the following procedures:

a. an individual assessment of intellectual abilities administered by a certified school psychologist, licensed specialist in school psychology, or licensed psychologist with a school specialty using an instrument or instruments appropriately standardized for students of this age;

b. an individual assessment of reading and mathematical skills using an achievement test standardized at the first grade level, conducted by an educational diagnostician or other qualified pupil appraisal member;

c. an interview with the student's parent(s) conducted by a school social worker or other qualified examiner;

d. an interview with the teacher(s) of enrolled students.

2. Grades 1 through 12. An individual evaluation shall include at a minimum the following procedures:

a. an assessment of intellectual abilities, individually or group administered, by a certified or licensed psychologist using nondiscriminatory assessment procedures;

b. additional academic assessments in the areas listed below, individually or group administered, by qualified pupil appraisal personnel, specifically when the student does not meet criteria based on IQ alone. District-wide test scores and scores obtained from screening instruments shall not be used in the Standard Matrix as part of the individual evaluation:

- i. Achievement in reading;
- ii. Achievement in mathematics;

c. an interview with the student's parent(s) by a school social worker or other qualified examiner;

d. an interview with the student's teacher(s).

E. Gifted Matrix.

1. Achievement points are based on standard deviation (SD) in the following assessed areas:

- a. intellectual abilities;
- b. achievement in reading; and
- c. achievement in mathematics.

2. Point values are as follows:

- a.  $1.0 < 1.49 \text{ SD} = 1 \text{ point}$ .
- b.  $1.5 < 1.99 \text{ SD} = 2 \text{ points}$ .
- c.  $> 2.0 \text{ SD} = 3 \text{ points}$ .
- d. Ages 3:0-4:11,  $> 2.5 \text{ SD} = 4 \text{ points}$

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:914 (May 2009), effective July 1, 2009, amended LR 51:2045 (December 2025).

### §903. Talented

A. Definition. *Talented* means possession of measurable abilities that give clear evidence of unique talent in visual or performing arts or both.

B. Procedures for Screening

1. A student is identified by his or her regular or special education teacher, as having artistic needs that are not being met in the regular class in which the student is enrolled.

2. The regular or special education teacher completes the appropriate screening instrument (Visual Arts, Music, or Theatre).

3. Each LEA shall develop and implement procedures for screening students suspected of being talented in visual arts, music, and/or theatre. At a minimum, the state approved talent screening form must be used.

4. Each item receiving a score of four or above on the rating scale must be documented with examples, or samples of the student's work, whichever is more appropriate.

5. The student must score in the range of 33-35 on the visual arts screenings instrument, or 33-35 on the music instrument or 48-50 on the theatre-screening instrument to warrant an evaluation.

6. If the student passes the screening criteria described above, the student shall be referred for a talented evaluation.

C. Criteria for Eligibility. Evidence of criteria listed in Paragraphs 1 and 2 must be met for a student to be classified as Talented.

1. The student must meet local screening criteria.

2. Creative abilities in visual and/or performing arts grades K-12 must be demonstrated. Scores shall be reported exactly with no rounding allowed.

a. Music. For grades K - 6: Evidence of criteria listed in Clauses i or ii, plus iii and iv or v must be met. For grades 7- 12: Evidence of criteria listed in Clauses iii and iv or vi must be met:

i. for grades K-3: the student must obtain a score of 35-40 on the state-approved music evaluation instruments;

ii. for grades 4-6: the student must obtain a score of 30-35 on the state-approved music evaluation instrument;

iii. the student must obtain a score of 18-20 on the music interview scale;

iv. for grades K-12: the student must obtain a score of 27-30 on the instrumental music audition scale, if performing prepared selections, or a score of 23-25, if performing improvisations;

v. for grades K-6: the student must obtain a score of 33-35 on the vocal music audition scale;

vi. for grades 7-12: the student must obtain a score of 47-50 on the vocal music audition scale.

b. Theatre. Evidence of criteria listed in Clauses i and ii, or i and iii must be met:

i. the student must obtain a score of 12-15 on the theatre interview scale;

ii. for grades K-6: the student must obtain a score of 42-45 on the theatre audition scale;

iii. for grades 7-12: the student must obtain a score of 47-50 on the theatre audition scale.

c. Visual Arts. Evidence of criteria listed in Clauses i and ii, or iii and iv must be met:

i. for grades K-6: the student must obtain a score of 12-15 on the *Art Recognition Test*;

ii. for grades K-6: the student must obtain a score of 26-30 on the *Narrative Drawing Test*;

iii. for grades 7-12: the student must obtain a score of 26-30 on the *Design Test*;

iv. for grades 7-12: the student must obtain a score of 42-45 on the *Drawing Test*.

3. When the separate evaluator scores are tallied, it is important to note that the scores, if not a whole number, shall not be rounded to determine eligibility.

4. State-approved art, music, and theater screening instruments and evaluation instruments are located in the *Talent Evaluation Kit*.

D. Procedures for evaluation:

1. an assessment of performance conducted simultaneously, independently, and without discussion of results by at least two state-trained evaluators in the

appropriate arts area, using state-approved procedures and instruments;

2. a designated pupil appraisal evaluation coordinator shall attend the entire performance in Subparagraph 1 above and integrate all evaluation results into a report that indicates whether the student is talented, consistent with the criteria for appropriate classification of talented;

3. if the evaluation is conducted at a facility other than the student's school and the student does not have transportation to the off-campus site, it is the LEA's responsibility to provide transportation for that student to the evaluation site;

4. the evaluation coordinator shall integrate all evaluation results into a report that indicates whether the student meets criteria for the appropriate classification of talented.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:915 (May 2009), effective July 1, 2009, amended LR 51:2045 (December 2025).

## Chapter 11. Reevaluation Information

### §1101. Required Reevaluations

A. A reevaluation of each student with an exceptionality must be conducted when one of the following events occurs:

1. when the LEA determines that the educational or related services needs, including improved academic achievement and functional performance of the student, warrant a reevaluation;

2. when the student's teacher or parent requests a reevaluation;

3. when a significant change in placement is proposed, which means moving the student to a more restrictive environment where the student will be in the regular class less than 40 percent of the day or, for a child ages four through five, in the regular early childhood program less than 40 percent of the time;

4. when a student is no longer suspected of having an exceptionality. This includes students having the single exceptionality of speech or language impairment; or

5. when a student is no longer suspected of requiring a related service, including but not limited to speech or language therapy, occupational therapy, physical therapy, or adapted physical education.

B. The reevaluation described in Subsection A above is not required before the termination of a student's eligibility for special education and related services due to graduation from high school with a regular high school diploma, or due to exceeding the age eligibility for FAPE under state law.

C. A reevaluation:

1. must occur at least once every three years, unless the parent and the LEA agree that a reevaluation is unnecessary:

a. a triennial evaluation may be necessary if there are not adequate data to determine whether any additions or modifications to the special education and related services are needed to enable the student to meet the measurable annual goals in the IEP and to participate, as appropriate, in the general education curriculum;

b. a triennial evaluation may be necessary for students with developmental delays, deafness and/or a hearing loss, traumatic brain injury, or visual impairments. Refer to the specific disabilities in Chapter 7 for further guidance;

c. for students whose only exceptionality is gifted or talented, the reevaluation may be accomplished through the IEP process at the time of the IEP review meeting. Informed parental consent for the reevaluation must be sent to parents prior to the IEP review meeting in which the reevaluation will be conducted. If no concerns are evident with the student's current program, no evaluation report is required. This discussion will be documented on the IEP form, and a copy of the IEP form will be forwarded to pupil appraisal personnel;

2. may not occur more than once a year, unless the parent and the LEA agree otherwise;

3. may occur when a student is entering high school in the following academic year.

D. An LEA is not required to conduct a reevaluation of an exceptional student who transfers with a current evaluation into its jurisdiction from another jurisdiction in Louisiana. Should the receiving LEA question the accuracy or the appropriateness of the student's classification, a reevaluation may be initiated after an IEP has been developed and the student is receiving special education and related services.

E. LEAs should avoid conducting consecutive reevaluation data reviews (RDR) without including additional formal or informal assessments. If a parent specifically declines the additional assessments, an RDR alone may be conducted. If the multidisciplinary team, with input from the parent, determines that the existing data is sufficient to establish a student's eligibility for services or education programming, formal testing may be omitted.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:916 (May 2009), effective July 1, 2009, amended LR 43:2494 (December 2017), LR 51:2045 (December 2025).

### **§1105. Reevaluation Procedures**

A. When a reevaluation is conducted, an appropriate evaluation coordinator will be assigned. The evaluation coordinator or other designated personnel will notify parents, teachers, related service personnel, an official designee of the LEA, and other appropriate personnel of the purpose of the upcoming reevaluation; and will ensure that procedures below are followed:

1. obtain informed parental consent (See Parental Consent);

2. review evaluations and information provided by the parents of the student;

3. review information provided by the student, when appropriate;

4. review educational history, including all previous evaluation reports;

5. review progress monitoring data provided by the teacher(s) and related service providers to determine the student's involvement and progress in the general education curriculum;

6. review or conduct a functional behavioral assessment, if behavior is a concern;

7. review data based on observations conducted by teachers and related service providers;

8. complete any reevaluation requirements for the specific disabilities noted in §1101.C.1.b; and

9. review transitional needs as part of all reevaluations occurring after the student's fifteenth birthday.

B. On the basis of this review and input from the student's parents, identify what additional data, if any, are needed to determine:

1. whether the student continues to have the same exceptionality and the educational needs of the student;

2. the present levels of academic achievement and related developmental needs of the student;

3. whether the student continues to need special education and related services; and

4. whether any additions or modifications to the special education and related services are needed to enable the student to meet the measurable annual goals set out in the student's IEP and to participate, as appropriate, in the general education curriculum.

C. This review may be conducted without a meeting.

D. The LEA shall administer such assessments and other evaluation measures as may be needed to produce the data identified under Subsection A of this Section.

E. Based on the review described in Subsections A and B above, when it is determined that no additional data are needed to determine whether the student continues to be a student with an exceptionality and to determine the student's educational needs, the LEA shall notify the parent of:

1. this determination and the reasons for the determination; and

2. the right of the parents to request an assessment to determine whether the student continues to be a student with an exceptionality, and to determine the student's educational needs;

3. the LEA is not required to conduct the assessment described in Paragraph E.2 of this Section unless requested to do so by the student's parents;

4. this notification of the determination and the reasons for the determination provides documentation that a reevaluation occurred.

F. Based on the review described in Subsections A and B above, when it is determined that additional data are needed or when there are new concerns regarding the student's progress toward meeting the measurable annual goals, the procedures described below shall be followed.

1. When a different exceptionality is suspected, initial criteria and procedures for the suspected exceptionality shall be followed. Scientifically research-based interventions shall be conducted by the special education provider or teacher in collaboration with pupil appraisal personnel.

2. When additional data are needed, the evaluation coordinator shall ensure that all required procedures are followed.

G. To document the findings in Subsection F above, the reevaluation report shall include at a minimum the following procedures:

1. the reason for the need to conduct this reevaluation;
2. documentation of the procedures required in Paragraphs A.1 - 9;
3. if there were new concerns, documentation of scientifically research-based interventions and any additional data that addressed the concerns;
4. if a new exceptionality was suspected, documentation of additional assessments and a summary of findings;
5. documentation of a systematic observation in the environments in which the student is receiving services;
6. documentation of conclusions of the reevaluation including the exceptionality, impairment or condition, and the determinations required in Subsection B above;
7. documentation of reevaluation participants and an explanation of all extensions, including documentation of parental approval, when necessary;
8. documentation of the parents' participation in the determination decision of the new exceptionality, when appropriate;
9. signatures of the team whose conclusions are accurately reflected in the report:
  - a. if a participating team member disagrees with the conclusion(s) in the report, that person may submit a separate signed dissenting opinion stating the disagreement, giving supporting data and conclusion(s);
10. results of the reevaluation documented and disseminated to the supervisor of special education or designee, parent(s), and school.

#### H. Timeline Extensions

1. Parentally Approved Extension. If the LEA is making sufficient progress to ensure a prompt completion of

the reevaluation but needs extended time to assess the student in all areas of the exceptionality, the parent and the LEA may agree to a specific time when the evaluation will be completed.

2. Extensions may be taken on triennial reevaluation provided that the reevaluation is completed on or prior to the three year anniversary date.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:917 (May 2009), effective July 1, 2009.

## Chapter 13. Special Services

### §1301. Overview

A. *Special services* as used in this chapter are included in the term *special education*, which means specially designed instruction, at no cost to the parents, to meet the unique needs of a student with a disability, including instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings. They include assistive technology when required as part of the student's special education; instruction in physical education (including special physical education, adapted physical education, movement education, and motor development); speech/language pathology services when the service is considered special education rather than a related service; travel training; and vocational education.

1. *At no cost* means that all specially-designed instruction is provided without charge, but does not preclude incidental fees that are normally charged to nondisabled students or to their parents as a part of the regular education program.

2. *Specially-designed instruction* means adapting, as appropriate, to the needs of an eligible student, the content, methodology, or delivery of instruction to address the unique needs of the student that result from the student's disability; and ensuring access of the student to the general curriculum, so that he or she can meet the educational standards within the jurisdiction of the LEA that apply to all students.

B. Specific criteria for eligibility for adapted physical education and assistive technology are immediately following this overview. Eligibility criteria for other special services are based on written documentation of need. When specific criteria to determine eligibility for other special services become necessary, they will be added to the document.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:918 (May 2009), effective July 1, 2009.

### §1303. Adapted Physical Education

A. Definition. *Adapted Physical Education* is a direct instructional service for school aged students with disabilities who may not safely or successfully engage in unrestricted participation in the vigorous activities of the regular physical education program on a full-time basis. It is also a specially-

designed program for children with disabilities aged three through five, who meet the criteria below.

1. Children with disabilities shall have equal access to the provision of physical education. Physical education includes the development of physical and motor fitness. Fundamental motor skills and patterns and skills are developed in individual and group games sports, and activities including intramural and life-time sports.

a. If a child with a disability cannot participate in the regular physical education program, individualized instruction in physical education designed to meet the unique needs of the child shall be provided. Physical education may include modified or adapted physical education.

b. Modified physical education is appropriate for a child who can participate in the general physical education program with accommodations or modifications. Modifications can include supports such as a sign language interpreter or changing rules equipment, time limits, etc.

c. Adapted physical education, also referred to as specially designed or special physical education, is instruction in physical education that is designed on an individual basis specifically to meet the needs of a child with a disability.

#### B. Criteria for Eligibility

##### 1. Children aged 3 through 5 years:

a. evidence that the student meets 69 percent or less of the state identified motor skills for the level appropriate to the student's chronological age using the LA Motor Assessment for Preschoolers (LAMAP):

i. students meeting 45 percent to 69 percent of the skills shall be identified as having motor deficits in the mild range;

ii. students meeting 20 percent to 44 percent of the skills shall be identified as having motor deficits in the moderate range;

iii. students meeting 19 percent or less of the skills shall be identified as having motor deficits in the severe range;

##### 2. Students aged 6 through 21 years:

a. evidence that the student meets 69 percent or less of the state-identified physical education competencies, using the *Competency Test for Adapted Physical Education (CTAPE)*, for the grade level appropriate to the student's chronological age:

i. students meeting 45 percent to 69 percent of the competencies shall be identified as having motor deficits in the mild range;

ii. students meeting 20 percent to 44 percent of the competencies shall be identified as having motor deficits in the moderate range;

iii. students meeting 19 percent or less of the competencies shall be identified as having motor deficits in the severe range;

3. Students classified as having Autism, Emotional Disturbance, Traumatic Brain Injury, or Other Health Impairment:

a. documented evidence that the student is unable to participate in a regular physical education class as a result of autism, a serious emotional disorder, brain injury, or a chronic or acute health condition;

#### C. Procedures for evaluation:

1. for students aged 3 through 5 years—an assessment of motor abilities using the LaMAP (Louisiana Motor Assessment for Preschoolers) conducted by a certified adapted physical education teacher;

2. for students aged 6 through 21—an assessment of grade/age level physical education competencies using the CTAPE conducted by a certified adapted physical education teacher;

3. for students with a disability of autism, emotional disturbance, traumatic brain injury or other health impairments—written documentation verifying a significantly reduced performance that prevents safe and successful participation in a regular physical education class. For students with autism or emotional disturbance, the documentation must be provided by a certified school psychologist, licensed psychologist, or psychiatrist and an adapted physical education evaluator. For students with other health impairments or traumatic brain injury, the documentation must be provided by a physician and an adapted physical education evaluator;

4. observation of the student in both structured (e.g., one-on-one with the evaluator) and unstructured (e.g., free play, recreational) settings. These observations should focus on, but not be limited to, those motor deficits identified by the motor assessment instrument;

5. recommendations for specific types of activities and/or adaptations necessary to meet the physical education needs of the student should be included in the evaluation report;

6. the provision of services shall be determined at the IEP Team meeting, using the recommendations of the adapted physical education evaluator and the results of the motor assessment. The continuation of services shall be determined by the IEP Team at the annual IEP review using the recommendations of the adapted physical education teacher.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:918 (May 2009), effective July 1, 2009, amended LR 51:2046 (December 2025).

### §1305. Assistive Technology

A. Definition. *Assistive technology services* means any service that directly assists a student with a disability in the selection, acquisition, or use of an assistive technology device. Included in these services are the following:

1. an evaluation of the needs of a student with a disability, including a functional evaluation of the student in the student's customary environment;

2. the purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for students with disabilities;

3. the selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing of assistive technology devices;

4. the coordinating and using of other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;

5. the training or technical assistance necessary for a student with a disability, or where appropriate, for the student's family;

6. the training or technical assistance for professionals (including individuals providing education or rehabilitation services), employers, or other individuals who provide services to, employ, or who are otherwise substantially involved in the major life functions of that student;

7. assistive technology device is any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, used to increase, maintain, or improve the functional capabilities of a student with a disability:

a. assistive technology encompasses a broad range of devices from very simple ("low technology") to very sophisticated ("high technology").

#### B. Criteria for Eligibility

1. Evidence of criteria listed in Subparagraphs a and b must be met:

a. the student must be classified and eligible for special educational services; and

b. there is documented evidence that assistive technology is required within the educational setting.

2. Each LEA shall ensure that assistive technology devices and/or assistive technology services are made available to a student with a disability, if required, as a part of the student's special education, related services, or supplementary aids and services. Consideration should be given for every student with a disability who is eligible for an individualized education program as to whether the student requires assistive technology devices and/or services to receive an appropriate education.

#### C. Procedures for Evaluation

1. The assistive technology evaluation shall be conducted by qualified professional(s) with the level of expertise necessary to address the specific areas of concern. These professionals may include, but are not limited to audiologists, occupational therapists, physical therapists, speech/language pathologists, teachers of the visually

impaired, adapted physical education teachers, and assistive technology personnel:

a. an observation of the student interacting with parents, teachers or peers in the educational environment during daily activities. The utilization of observational tools such as interaction checklists, criterion-based instruments, task analysis, and needs assessment, etc., is recommended;

b. an interview with the primary care providers and classroom teacher(s) to determine what intervention strategies for assistive technology devices and services, if any, have already been attempted or provided and what the results were;

c. an assessment of the student's current mobility, seating, positioning, and neuromotor ability, if applicable, to determine selection techniques and the method(s) of access for assistive technology as well as to address further seating, positioning, and mobility needs;

d. the results of an assessment with a variety of assistive technology devices that would be appropriate for the student. Trials with assistive technology devices could include options for both low technology and high technology solutions. The student and family should be involved in this process to ensure the likelihood that the technology that is selected will be used.

2. Recommendations should also include personnel who will need training and technical assistance to work with the student.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:919 (May 2009), effective July 1, 2009.

## Chapter 15. Related Services

### §1501. Overview

A. *Related services* means transportation and such developmental, corrective, and other supportive services as are required to assist a student with an exceptionality to benefit from special educational services. Related services include speech/language pathology and audiological services, school psychological services, physical and occupational therapy, recreation including therapeutic recreation, early identification and assessment of disabilities in students, counseling services including rehabilitation counseling, assistive technology devices and services, orientation and mobility services, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services in schools, and parental counseling and training.

B. When the need for such services is indicated by the referral concerns during the evaluation process, the evaluation coordinator shall ensure that appropriate and qualified personnel participate in the evaluation process. The criteria for eligibility for school health services, occupational therapy, orientation and mobility services, physical therapy, school psychological, school social work and speech/language pathology services immediately follow this overview.

Eligibility criteria for other related services are based on written documentation of need as determined through the evaluation process. When specific criteria to determine eligibility for other related services are necessary, the services will be added to the evaluation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:919 (May 2009), effective July 1, 2009, amended LR 51:2046 (December 2025).

### §1503. Occupational Therapy

A. Definition. *Occupational Therapy* includes the following services:

1. evaluating students with disabilities by performing and interpreting tests and measurements and/or clinical observations of neurophysiological, musculoskeletal, sensorimotor functions and daily living skills;

2. planning and implementing treatment strategies for students based on evaluation findings;

3. improving, developing, restoring or maintaining functions impaired or lost through illness, injury, or deprivation;

4. improving or maintaining ability to perform tasks for independent functioning when functions are impaired or lost; and

5. administering and supervising therapeutic management of students with disabilities, recommending equipment and providing training to parents and educational personnel.

B. Criteria for Eligibility. Evidence of criteria must be met in accordance with this Section.

1. The student is classified and eligible for special education services. There is documented evidence that occupational therapy is required to assist the student to benefit from access and participation in special education services.

2. The student demonstrates a motor functional performance impairment limiting the student's access and participation in the educational program in one of the following categories: Developmental, Motor Function, or Sensorimotor.

3. Functional participation and access may include but is not limited to motor function, classroom skills, playground and physical education participation, self-help skills, mobility, assistive technology needs, sensory self-regulation, and prevocational and transition needs.

4. According to clinical and/or behavioral observations which may include but are not limited to available current medical information, medical history, and/or progress reports from previous therapeutic intervention, the student exhibits limitations that affect the physical functioning in the educational setting. These limitations might include abnormalities in the area(s) of fine motor, sensorimotor, visual motor, oral motor, or self-help skills. In addition to OT

assessment, current student information must indicate one of the following abilities:

a. improve educational access and participation with occupational therapy intervention;

b. maintain access and participation functioning with therapeutic intervention, but if the student maintains motor functioning without therapeutic intervention, OT would not be required in the educational setting; or

c. slow the rate of regression of access and participation functioning with therapeutic intervention if the student has a progressive disorder.

5. Additionally, the student must require the clinical expertise of an occupational therapy practitioner to improve function, maintain function, or slow the rate of regression of functional performance.

6. Developmental. Students, excluding those with neurophysiological impairments, who demonstrate a fine motor, visual motor, oral motor, or self-help delay.

7. Motor Function. According to clinical and/or behavioral observations, which may include but are not limited to available current medical information, medical history, and/or progress reports from previous therapeutic intervention, the student exhibits neurophysiological limitations or orthopedic limitations, that affect the physical functioning in the educational setting. The limitations might include abnormalities in the area(s) of fine motor, visual motor, oral motor, or self-help skills. In addition to OT assessment, current student information must indicate one of the following abilities:

a. an ability to improve educational access and participation with occupational therapy intervention;

b. an ability to maintain access and participation with therapeutic intervention, but if the student maintains motor functioning without therapeutic intervention, OT would not be required in the educational setting;

c. an ability to slow the rate of regression of access and participation with therapeutic intervention if the student has a progressive disorder; or

d. the student must require the clinical expertise of an occupational therapist to improve motor function, maintain motor function, or slow the rate of regression of motor function.

8. Sensorimotor. According to clinical behavior observation and/or an appropriate assessment instrument, the student exhibits an inability to integrate sensory stimulus effectively, affecting the capacity to perform functional activities within the educational setting. The activities might include abnormalities in the area of fine motor, visual motor, oral motor, self-help, or sensory processing such as sensory awareness, motor planning and organization of adaptive responses. In addition to OT assessment, current student information must indicate an ability to improve functional activity performance through OT intervention.

C. Procedures for Evaluation

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1. The assessment shall be conducted by a licensed occupational therapist and shall include at a minimum the following procedures:

a. a review of available medical and educational information, environmental concerns, anecdotal records and observation of motor skills which document the specific concerns causing the referral;

b. an assessment of motor abilities, functional and performance according to current American Occupational Therapy Association (AOTA) guidelines and Louisiana Standards of Practice.

2. For students ages 6 through 21, the assessment should be conducted in the educational environment.

3. The occupational therapist's assessment should be designed to answer the questions listed below.

a. Does this problem interfere with the student's ability to benefit from access to and participation in the educational program?

b. Is there a likely potential for change in the student's educational functioning if he/she receives therapeutic intervention?

c. Does the occupational therapy practitioner bring unique expertise without which the student will not achieve the IEP goal?

4. The provision of services shall be determined at the IEP Team meeting, using the evaluation data and input of the occupational therapist and the results and recommendations of the therapy assessment including but not limited to the occupational therapist bringing unique expertise without which the student will not achieve the IEP goals. The continuation of services will be determined at the annual IEP review using data and input from the therapist.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:920 (May 2009), effective July 1, 2009, amended LR 51:2046 (December 2025).

### §1505. Orientation and Mobility

A. Definition. *Orientation and Mobility* means services provided to blind or visually impaired students by a university or agency trained and certified professional to enable those students to attain systematic orientation to and safe movement within their environment in school, home and community. These include teaching students appropriate skills:

1. spatial and environmental concepts and use of information received by the senses (such as sound, temperature and vibrations) to establish, maintain, or regain orientation and line of travel (e.g., using sound at a traffic light to cross the street);

2. use of the long cane as a tool to supplement visual travel skills or as a tool to safely negotiate the environment for students with no available travel vision;

3. the understanding and use of one's remaining vision and distance low vision aids;

4. other concepts, techniques, and tools.

### B. Criteria for Eligibility

1. Evidence of criteria listed in Subparagraphs a and b must be met:

a. the student must be classified and eligible under federal or state law as an individual with a visual impairment; and

b. there is documented evidence that orientation and mobility services are required to enable the student to benefit from special education.

C. Procedures for Evaluation. The assessment shall be conducted by an orientation and mobility instructor recognized by the state Department of Education. The assessment shall include the following information:

1. an assessment of the student's ability to travel safely and efficiently in a variety of environments and situations with or without the use of special mobility devices and visual aids;

2. a listing of the student's observed strengths and weaknesses in the area of travel safety and mobility skills;

3. recommendations concerning the student's demonstrated need for formal orientation and mobility training within the specific areas. These recommendations should be addressed by the IEP Team in planning the student's educational program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:921 (May 2009), effective July 1, 2009.

### §1507. Physical Therapy

A. Definition. *Physical Therapy* includes the following services:

1. evaluating students with disabilities by performing and interpreting tests and measurements and/or clinical observations of neurophysiological, musculoskeletal, cardiovascular, respiratory, and sensorimotor functions;

2. planning and implementing treatment strategies for students based on evaluation findings;

3. improving, maintaining and/or slowing the rate of regression of the motor functions of a student to enable him/her to function in his educational environment; and

4. administering and supervising therapeutic management of students with disabilities, recommending equipment and providing training to parents and educational personnel.

### B. Criteria for Eligibility

1. Evidence of criteria listed in Subparagraphs a and b below must be met.

a. The student is classified and eligible for a special education program. There is documented evidence that physical therapy is required to assist the student to access and participate in the education setting.

b. The student demonstrates gross motor impairment in either the Developmental or Motor Function category.

2. Developmental. Students, excluding those with neurophysiological impairments, who demonstrate a limitation which affects the ability to benefit from the education program and demonstrate a gross motor delay.

3. Motor Function. According to clinical and/or behavioral observations—which may include but are not limited to available current medical information, medical history and/or progress reports from previous therapeutic intervention—the student exhibits neurophysiological, orthopedic, cardiovascular, respiratory, or sensorimotor limitation that affect his or her gross motor functional participation in the educational setting.

4. Functional participation and access may include but is not limited to positioning and access in the educational environment, campus mobility, playground access, physical education participation, self-help skills, assistive technology needs, and prevocational and transition needs.

5. In addition to PT assessment, current student information must indicate one of the following:

a. an ability to improve motor functioning as it related to the educational setting with physical therapy intervention;

b. an ability to maintain motor functioning with therapeutic intervention, but if the student maintains motor functioning without therapeutic intervention, PT would not be required in the educational setting; or

c. an ability to slow the rate of regression of motor function with therapeutic intervention if the student has a progressive disorder.

6. The student must require the clinical expertise of a physical therapist to improve motor function, maintain motor function, or slow the rate of regression of motor function.

#### C. Procedures for Evaluation

1. The assessment shall be conducted by a licensed physical therapist and shall include at a minimum the following procedures:

a. a review of available medical and educational information, environmental concerns, anecdotal records and observation of motor skills that document the specific concerns causing the referral:

b. an assessment of gross motor abilities:

i. for students' ages 6-21, the assessment should be conducted in the educational environment.

2. The physical therapy assessment shall be designed to answer the following questions.

a. Does this problem interfere with the student's ability to access and participate his or her educational program?

b. Is there a potential for change in the student's educational functioning if he/she receives therapeutic intervention?

3. The provision of services shall be determined at the IEP Team meeting using data and the input of the therapist and the results and recommendations of the therapy assessment including but not limited to the physical therapist bringing unique expertise without which the student will not achieve the IEP goals. The continuation of services will be determined at the annual IEP review using data and input from the therapist.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:921 (May 2009), effective July 1, 2009, amended LR 51:2047 (December 2025).

### §1509. School Health Services and School Nurse Services

A. Definition. *School Health and School Nurse Services* are specially designed for a student who has a disability (defined under federal and state statutes), having a special health need, and who is unable to participate in his or her educational program without the use of such health services, which may include, among others, health treatments, technology, and/or management.

1. The school health services referred to in this Section are those determined through a health assessment during the evaluation process.

2. The school nurse services referenced in this Section are determined through a health assessment during the evaluation process.

#### B. Criteria for Eligibility

1. Evidence of criteria listed in Subparagraphs a, b, and c below must be met.

a. The student must be classified and eligible, under federal or state law, as an individual with a disability.

b. There is documented evidence that special health services are required within the educational setting to enable the student to benefit from the special education program.

c. A prescription from a physician or dentist or other licensed health care professional licensed to practice in Louisiana or any state of the United States and qualified in accordance with their licensed scope of practice prescribes the health treatment, technology, and/or health management that the student must have in order to function within the educational environment; or there is a documented need for a modification of his or her activities of daily living.

C. Procedures for Evaluation. When there is evidence of the need for health technology, treatment and/or management, the assessment of a student by a school registered nurse or

other qualified personnel shall include at a minimum the following procedures:

1. an assessment of the student's health status conducted in the educational setting;
2. an analysis and interpretation of the special health service needs, health status, stability, complexity of the service, predictability of the service outcome, and risks that may be involved with improperly performed services;
3. the provision of services through the development of the Individualized Health Plan will be determined at the IEP Team meeting, using the input from the school nurse or other qualified personnel and the results and recommendations of the health assessment. The continuation of services will be determined at the annual IEP review using input from the school registered nurse.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:922 (May 2009), effective July 1, 2009, amended LR 42:401 (March 2016), LR 51:2047 (December 2025).

#### §1511. School Psychological Services

A. Definition. *School Psychological Services* include but are not limited to:

1. administering psychological, intellectual, and educational tests, and other assessment procedures;
2. interpreting assessment results;
3. obtaining, integrating, and interpreting information about student behavior and conditions relating to learning, which may also include assisting in the development of academic, behavioral, and social emotional intervention strategies, progress monitoring, evaluating intervention and service delivery outcomes, conducting functional behavior assessments, and conducting program evaluations;
4. consulting with other staff members in planning school programs to meet the special educational needs of students as indicated by formalized assessments, interviews, direct observation, and behavioral evaluations;
5. planning and managing a program of psychological services, including psychological counseling for students and parents which may also include implementing and/or monitoring interventions, conducting social skills training, anger management/conflict resolution training, study skills training, social-emotional learning strategies/interventions, substance abuse prevention, crisis prevention and intervention, parent skills training, and coordinating services with other community agencies; and
6. assisting in developing positive behavioral intervention strategies.

#### B. Criteria for Eligibility

1. Evidence of criteria listed in Subparagraphs a and b below shall be met.

a. The student is classified and eligible for special education services.

b. There is documented, observable and measurable evidence that school psychological services are necessary for the student to benefit from special education.

#### C. Procedures for Evaluation

1. The assessment shall be conducted by a certified school psychologist and shall include at a minimum the following procedures:

a. a review, analysis and determination of the appropriateness of evidence documenting the specific referral concern(s);

b. a systematic observation in the setting(s) in which the concern is manifested; and

c. any additional procedures judged necessary to determine if the area of concern interferes with the student's ability to benefit from the educational program.

2. The assessment should be designed to provide recommendations for interventions, strategies and/or services necessary to improve the student's educational performance. Such recommendations should take into account the diverse activities involving direct and indirect service provision that comprise the delivery system described in Subsection A above. These activities complement one another and therefore are most accurately viewed as being integrated and coordinated rather than discrete services. The provision of services shall be determined at the IEP Team meeting, using the results and recommendations of the assessment. The continuation of services will be determined at the annual IEP review using input from the school psychologist.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:1941 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:922 (May 2009), effective July 1, 2009, amended LR 51:2048 (December 2025).

#### §1513. School Social Work Services

A. Definition. *Social Work Services* in schools include but are not limited to:

1. preparing a social or developmental history on a student with a disability;

2. providing group and individual counseling with the student and the family. (This may include linking them to community resources, helping them to actively participate in the student's educational process, and providing crisis intervention services in the event of a death, illness, or community trauma. The school social worker shall maintain adequate safeguards for the privacy and confidentiality of information, and maintain data that is relevant to planning management and evaluation of school social work services.);

3. working in partnership with parents and others on those problems in a student's living situation (home, school, and community) that affect the student's adjustment in school. (The school social worker will advocate for services to be provided in the context of multicultural understanding and

competence, as well as work collaboratively as a part of an interdisciplinary team that will enhance the student's academic performance.);

4. mobilizing school and community resources to enable the student to learn as effectively as possible in his or her educational program; and

5. assisting in developing positive behavioral intervention strategies to address behaviors of concern that will enhance the student's ability to benefit from his or her educational experience.

#### B. Criteria for Eligibility

1. Evidence of criteria listed in Subparagraphs a and b below must be met.

a. The student is classified and eligible for special education services.

b. There is documented, observable and measurable evidence that school social work services are necessary for the student to benefit from special education.

#### C. Procedures for Evaluation

1. The assessment shall be conducted by a qualified school social worker and shall include the supporting documentation of the psycho-social stressors (see Appendix) being experienced by the student and/or his family and will include at a minimum the following procedures:

a. a review, analysis and determination of the appropriateness of evidence documenting the specific referral concern;

b. a family interview;

c. an interview with the student;

d. interview(s) with the student's teacher(s); and

e. review of available mental health and/or health records.

2. The assessment should be designed to provide recommendations for interventions, strategies and/or services necessary to improve the student's educational performance. Such recommendations should take into account the diverse activities involving direct and indirect service provision that comprise the delivery system described in Subsection A above. These activities complement one another and therefore are most accurately viewed as being integrated and coordinated rather than discrete services. The provision of services shall be determined at the IEP Team meeting, using the results and recommendations of the assessment. The continuation of services will be determined at the annual IEP review using input from the school social worker.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 17:1941 et seq.

**HISTORICAL NOTE:** Promulgated by the Board of Elementary and Secondary Education, LR 35:923 (May 2009), effective July 1, 2009.

### §1515. Speech-Language Pathology Services

A. Definition. *Speech/Language Pathology Services* include:

1. identification of students with speech or language impairments;

2. diagnosis and appraisal of specific speech or language impairments;

3. referral for medical or other professional attention necessary for the habilitation of speech or language impairments, as appropriate;

4. provision of speech and language services for the habilitation of communication or prevention of communication impairments;

5. assessment and interventions for augmentative/alternative communication; and

6. counseling and guidance of parents, students, and teachers regarding speech and language impairments.

#### B. Criteria for Eligibility

1. Evidence of criteria listed in Subparagraphs a, b, and c below must be met.

a. The student is classified as a student having a disability other than Speech or Language Impairment.

b. The student meets the criteria for eligibility for Speech or Language Impairment.

c. There is documented evidence that speech/language pathology services are required to assist the student to benefit from the special education services.

2. Non-verbal students with disabilities who have augmentative/alternative communication needs may not be denied speech/language pathology services as a related service because of an inability to evaluate using traditional methods.

#### C. Procedures for Evaluation

1. The assessment shall be conducted by following the procedures for evaluation under Speech or Language Impairment.

2. The speech/language assessment shall be designed to answer the following questions.

a. Does this problem interfere with the student's ability to benefit from his or her educational program?

b. Is there a likely potential for change in the student's educational functioning if he/she receives therapeutic intervention?

3. The provision of services shall be determined at the IEP Team meeting using the input of the therapist and the results and recommendations of the speech/language assessment. The continuation of services shall be determined at the annual IEP review using input of the therapist.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 17:1941 et seq.

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HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:923 (May 2009), effective July 1, 2009.