STATE BOARD of ELEMENTARY and SECONDARY EDUCATION
P.O. Box 94064, Capitol Station, Baton Rouge, LA 70804-9064 · PHONE: 225-342-5840 · FAX: 225-342-5843

October 13, 2025

MEMORANDUM

TO: Senator Cameron Henry, Senate President
Representative Phillip DeVillier, Speaker of the House
Senator Rick Edmonds, Chair, Senate Committee on Education
Representative Laurie Schlegel, Chair, House Committee on Education

FROM: Tavares A. Walker, Executive Director
Board of Elementary and Secondary Education

RE: Summary Report on Board of Elementary and Secondary Education Proposed Rulemaking

Pursuant to R.S. 49:968(D)(1)(b), the Board of Elementary and Secondary Education hereby submits to you this summary report and announces its plan to proceed with rulemaking by finalizing the September 20, 2025, Notice of Intent that was promulgated on pages 1364-1376 of the *Louisiana Register.*

The Board has received no public comments and has not conducted a hearing pursuant to R.S. 49:953(A)(2)(a).

The Board has made no change to the proposed Rule.

Subject to legislative oversight by either the House Committee on Education or Senate Committee on Education, the Board anticipates adopting the Notice of Intent as a final Rule in the December 20, 2025, issue of the *Louisiana Register.*

The following document is attached:

1. A copy of the Notice of Intent.

Please contact Max Dupuy at (225) 342-5840 if the Board may be of any assistance to you concerning this Rule.

TAW:med

Attachment (1)

c: Caroline Tyler, Secretary, Senate Committee on Education
Elizabeth Borne, Legislative Analyst, House Committee on Education
Lisa Lovello, Legislative Analyst, House Committee on Education
Ashley Townsend, Policy Director, Louisiana Department of Education
Max Dupuy, Records Management Administrator, BESE

or repealed a rule in accordance with the applicable provisions of the law relating to public records. For the purposes of this Section, the word "poverty" means living at or below one hundred percent of the federal poverty line.

1. Will the proposed Rule affect the household income, assets, and financial authority? No.

2. Will the proposed Rule affect early childhood development and preschool through postsecondary education development? No.

3. Will the proposed Rule affect employment and workforce development? No.

4. Will the proposed Rule affect taxes and tax credits? No.

5. Will the proposed Rule affect child and dependent care, housing, health care, nutrition, transportation, and utilities assistance? No.

Small Business Analysis

The impact of the proposed Rule on small businesses as defined in the Regulatory Flexibility Act has been considered. It is estimated that the proposed action is not expected to have a significant adverse impact on small businesses. The agency, consistent with health, safety, environmental and economic welfare factors has considered and, where possible, utilized regulatory methods in the drafting of the proposed rule that will accomplish the objectives of applicable statutes while minimizing the adverse impact of the proposed rule on small businesses.

Provider Impact Statement

The proposed Rule should not have any known or foreseeable impact on providers as defined by HCR 170 of 2014 Regular Legislative Session. In particular, there should be no known or foreseeable effect on:

1. the effect on the staffing level requirements or qualifications required to provide the same level of service;

2. the total direct and indirect effect on the cost to the providers to provide the same level of service; or

3. the overall effect on the ability of the provider to provide the same level of service.

Public Comments

Interested persons may submit written comments via the U.S. Mail until noon, October 10, 2025, to Tavares Walker, Executive Director, Board of Elementary and Secondary Education, Box 94064, Capitol Station, Baton Rouge, LA 70804-9064. Written comments may also be hand delivered to Tavares Walker, Executive Director, Board of Elementary and Secondary Education, Suite 5-190, 1201 North Third Street, Baton Rouge, LA 70802 and must be date stamped by the BESE office on the date received. Public comments must be dated and include the original signature of the person submitting the comments.

Tavares A. Walker
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Accountability System

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The Department of Education is expected to realize an estimated $1.1 M in savings beginning in FY 28 due to the removal of the three assessments. An estimated $600,000 of this savings is due to a reduction in the costs of scoring and psychometrics for the three removed assessments. The remaining $500,000 in savings is a result of a reduction in the costs of item development and forms construction associated with the three removed assessments. The proposed rule change updates the schedule for the administration of state assessments, removing social studies assessments for students in grades 4, 6, and 7, beginning with the 2027-2028 academic year. This update reduces the total number of assessments given per year by three.

Local education agencies may also realize a cost savings associated with payments made to staff to proctor assessments. The reduction in the number of tests administered each year is also expected to reduce the number of proctors needed during the testing window.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There is no anticipated effect on the revenue collections of state or local governmental units as a result of the proposed rule change.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The proposed rule change may result in a loss of revenues for businesses contracted to develop, print, and score, statewide social studies assessments.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule change may result in a reduction in the hiring of temporary staff by local education agencies needed to proctor assessments.

Beth Scioneaux
Deputy Superintendent
2509#063

Patrice Thomas
Deputy Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

Board of Elementary and Secondary Education

Bulletin 1508—Pupil Appraisal Handbook
Screenings and Evaluations of Students for Special Education and Related Services
(LAC 28:CI.Chapters 1-15)

In accordance with the provisions of R.S. 17:6(A)(10) and the Administrative Procedure Act (APA), R.S. 49:953(B)(1) et seq., the Board of Elementary and Secondary Education (BESE) proposes to amend LAC 28:CI in *Bulletin 1508—Pupil Appraisal Handbook.* The revisions provide comprehensive updates to the evaluation of students with suspected disabilities. The proposed revisions include updates to the following: the definition of Response to Intervention (RTI); addition of licensed specialists in school psychology and licensed psychologists with a school specialty to serve on pupil appraisal teams; autism criteria aligned to current language in diagnostic and statistical manuals; evaluation considerations in alignment with *Bulletin 1903—Louisiana Handbook for Students with Dyslexia;* school health and school nurse services; language regarding prescriptions from a physician licensed in any state; and technical edits. Additional revisions include textual edits for specificity and clarification in response to public comments received during the initial Notice of Intent process.

Title 28
EDUCATION
Part CI. Bulletin 1508—Pupil Appraisal Handbook
Chapter 1. LEA Responsibilities
§101. Introduction

A. - B. ...

C. - D. Repealed.

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, LR 51:

§103. Child Find Guidelines

A. - A.1. ...

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

A.1.b. - B.2. ...

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, LR 51:

§107. Qualified Examiners

A. ...

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. - 2.d....

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. - 5.b....

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, LR 51:

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 in 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, LR 51:

§303. School Building Level Committee

A. - A.4. ...

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

A.6. - B. ...

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, LR 51:

§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. - B.1.a.i. …

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

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

b. - b.i. …

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

B.1.b.iii. - B.2.a.i. …

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

B.2.a.iii. - B.2.b.ii. …

iii. Repealed.

B.2.c. - 3. …

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. - viii. …

ix. Repealed.

C. - D.2. …

a. Repealed.

b. articulation, oral motor functioning, and oral structure;

c. receptive and expressive language to include linguistics and pragmatics; and

d. voice.

e. - g. Repealed.

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. - E.2. …

a. lack of strength, endurance, and flexibility limiting access and participation in campus mobility and curriculum;

b. - e. …

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. …

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

2. - 2.a.…

b. fine motor skills such as manipulation of tools, scissors, or pencils;

c. - g. …

h. general health;

i. self-help;

j. executive functioning;

k. sensory; and/or

l. computer access.

G. - G.1.f. …

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. - H.1.a.ii. …

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;

H.1.c. - I.1. …

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. - J.4. …

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:

§307. Referral Process

A. ...

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.1.a. - 3. …

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. …

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:

Chapter 5. Evaluation Responsibilities

§501. Evaluation Coordination

A. - A.3.a. …

b. certified school psychologist, licensed specialist in school psychology, or a licensed psychologist with a school specialty;

A.3.c. - B.1.d. …

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, LR 51:

§505. Procedural Responsibilities

A. ...

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. - 10. …

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, LR 51:

§507. Evaluation Procedures

A. - A.1.a. …

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;

A.2. - B.3. …

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. - 7. …

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, LR 51:

§513. Evaluation Components

A. - A.5. …

6. an interview with the student to obtain the student's perceptions of his/her own academic, behavioral and social performance;

7. - 9. …

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

A.12. - B.1.b. …

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. - g. …

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. - j. …

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;

B.1.l. - C. …

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, LR 51:

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.

1. - 2. Repealed.

B. ...

1. - 3.e.Repealed.

4. 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 by 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.

5. 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 by 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 by 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 by not limited to strong attachment to or preoccupation with unusual objects, excessively circumscribed, or perseverative interest;

d. hyper- or hyperactivity to sensory input or unusual interests in sensory aspects of the environment including by 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.

6. Impaired environmental functioning significantly interferes with educational performance.

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

D. …

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. - 4. …

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. - h. …

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, LR 51:

§703. Deaf-Blindness

A. ...

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. - D.6. …

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:

§705. Developmental Delay

A. - B.1.a. …

b. fine motor skills; and

c. sensory (visual or hearing) abilities.

d. Repealed.

2. - 2.c …

d. environmental interaction;

e. expression of emotions; and

f. self-help including feeding, clothing management, and toileting.

3. - 3.g.…

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

D. …

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. - 4. …

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. - E.2. ...

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, LR 51:

§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. - 5. ...

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.

B.1. - D. ...

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. - 6. ...

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 LR 51:

§709. Deaf and/or Hard of Hearing

A. - A.2. ...

a. *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. - c. ...

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. - D.1. ...

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.

D.3. - E.2.b. ...

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:

§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.

A.1. - B.2. ...

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.2.b. - D.2. ...

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:

D.3.a. - 5. ...

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:

§713. Multiple Disabilities

A. ...

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. - D.3. ...

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:

§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. - D. ...

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. - 5. ...

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:

§717. Other Health Impairment

A. ...

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. Repealed.

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

4. 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;

D.2.b. - 4. ...

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:

§719. Specific Learning Disability

A. - B.1.f. ...

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:

B.2.a. - 3.d. ...

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. ...

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. - D.4.…

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. - 7. …

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:

§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. ...

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. …

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. …

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. …

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

B.5. - D.1.d. …

e. Repealed.

f. …

g. 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. …

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. …

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. ...

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, LR 51:

§725. Visual Impairment

A. ...

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. - F. …

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:

Chapter 9. Gifted and Talented

§901. Gifted

A. - C.1. ...

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

C.1.b. - C.2. ...

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

C.2.b. - D.1. ...

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;

D.1.b. - 2.a. ...

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. - d. ...

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 SD = 1 point.

b. 1.5 < 1.99 SD = 2 points.

c. > 2.0 SD = 3 points.

d. Ages 3:0-4:11, >2.5 SD = 4 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, LR 51:

§903. Talented

A. - C.3. ...

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

D. - D.4. ...

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, LR 51:

Chapter 11. Reevaluation Information

§1101. Required Reevaluations

A. - A.2. ...

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. - C.1. ...

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. - c. ...

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. ...

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:

§1103. Parental Consent for Reevaluations

Repealed.

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, LR 51:

Chapter 13. Special Services

§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. - B.1.a.iii. ...

b. Repealed.

2. - 2.a.iii. ...

b. Repealed.

3. - 3.a....

b. Repealed.

C. - C.6. ...

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, LR 51:

Chapter 15. Related Services

§1501. Overview

A. ...

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, LR 51:

§1503. Occupational Therapy

A. - A.5. ...

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.

a. - b.iii. Repealed.

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. - C.1.a. …

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

2. - 3. …

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

b. …

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, LR 51:

§1507. Physical Therapy

A. - B.1. …

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. ...

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.

a. - c. Repealed.

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.

a. - a.iii. Repealed.

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. - C.2. …

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

b. …

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, LR 51:

§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. - B.1.b. …

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. - 2. ...

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. 17:436, and 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:

§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. ...

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

A.6. - C.1.b. ...

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. ...

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, LR 51:

Family Impact Statement

In accordance with Section 953 and 974 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a Family Impact Statement on the rule proposed for adoption, repeal or amendment. All Family Impact Statements shall be kept on file in the State Board Office which has adopted, amended, or repealed a rule in accordance with the applicable provisions of the law relating to public records.

1. Will the proposed Rule affect the stability of the family? No.

2. Will the proposed Rule affect the authority and rights of parents regarding the education and supervision of their children? No.

3. Will the proposed Rule affect the functioning of the family? No.

4. Will the proposed Rule affect family earnings and family budget? No.

5. Will the proposed Rule affect the behavior and personal responsibility of children? No.

6. Is the family or local government able to perform the function as contained in the proposed Rule? Yes.

Poverty Impact Statement

In accordance with Section 973 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a Poverty Impact Statement on the rule proposed for adoption, amendment, or repeal. All Poverty Impact Statements shall be in writing and kept on file in the state agency which has adopted, amended, or repealed a rule in accordance with the applicable provisions of the law relating to public records. For the purposes of this Section, the word "poverty" means living at or below one hundred percent of the federal poverty line.

1. Will the proposed Rule affect the household income, assets, and financial authority? No.

2. Will the proposed Rule affect early childhood development and preschool through postsecondary education development? No.

3. Will the proposed Rule affect employment and workforce development? No.

4. Will the proposed Rule affect taxes and tax credits? No.

5. Will the proposed Rule affect child and dependent care, housing, health care, nutrition, transportation, and utilities assistance? No.

Small Business Analysis

The impact of the proposed Rule on small businesses as defined in the Regulatory Flexibility Act has been considered. It is estimated that the proposed action is not expected to have a significant adverse impact on small businesses. The agency, consistent with health, safety, environmental and economic welfare factors has considered and, where possible, utilized regulatory methods in the drafting of the proposed rule that will accomplish the objectives of applicable statutes while minimizing the adverse impact of the proposed Rule on small businesses.

Provider Impact Statement

The proposed Rule should not have any known or foreseeable impact on providers as defined by HCR 170 of 2014 Regular Legislative Session. In particular, there should be no known or foreseeable effect on:

1. the effect on the staffing level requirements or qualifications required to provide the same level of service;

2. the total direct and indirect effect on the cost to the providers to provide the same level of service; or

3. the overall effect on the ability of the provider to provide the same level of service.

Public Comments

Interested persons may submit written comments via the U.S. Mail until noon, October 10, 2025, to Tavares Walker, Executive Director, Board of Elementary and Secondary Education, Box 94064, Capitol Station, Baton Rouge, LA 70804-9064. Written comments may also be hand delivered to Tavares Walker, Executive Director, Board of Elementary and Secondary Education, Suite 5-190, 1201 North Third Street, Baton Rouge, LA 70802 and must be date stamped by the BESE office on the date received. Public comments must be dated and include the original signature of the person submitting the comments.

Tavares A. Walker
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Bulletin 1508—Pupil Appraisal Handbook—Screenings and Evaluations of Students for Special Education and Related Services

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

There are no anticipated implementation costs or savings to state or local governmental units due to the proposed rule change. The proposed rule change provides comprehensive updates to the evaluation of students with suspected disabilities. The rule change includes updates to the following: the definition of Response to Intervention (RTI); addition of licensed specialists in school psychology and licensed psychologists with a school specialty to serve on pupil appraisal teams; autism criteria aligned to current language in diagnostic and statistical manuals; evaluation considerations in alignment with *Bulletin 1903—Louisiana Handbook for Students with Dyslexia*; school health and school nurse services; language regarding prescriptions from a physician licensed in any state; and technical edits.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There is no anticipated effect on the revenue collections of state or local governmental units as a result of the proposed rule change.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

There are no anticipated costs or benefits to directly affected persons, small business, or nongovernmental groups as a result of the proposed rule change. The amendments provide clarity and implement standard procedures for screening and evaluation of students with known or suspected exceptionalities.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

School districts may experience improved flexibility in hiring individuals to serve on pupil appraisal teams due to the expanded criteria for certain roles on the teams.

Beth Scioneaux
Deputy Superintendent
2509#069

Patrice Thomas
Deputy Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

Board of Elementary and Secondary Education

Child Safety and Welfare
(LAC 28:CLXI.Chapters 1-21;
LAC 28:CLXV.103, 310, 503, and 507)

In accordance with the provisions of R.S. 17:6(A)(10) and the Administrative Procedure Act (APA), R.S. 49:953(B)(1) et seq., the Board of Elementary and Secondary Education (BESE) proposes to amend LAC 28:CLXI in *Bulletin 137—Louisiana Early Learning Center Licensing Regulations* and LAC 28:CLXV in *Bulletin 139—Louisiana Child Care and Development Fund Programs*. Act 409 of the 2025 Regular Legislative Session established child safety and welfare minimum standards that require revisions to BESE policy regarding early childhood care and education centers and programs. Additionally, Act 351(2025) mandates eligibility criteria for public funding.

Title 28
EDUCATION
Part CLXI. Bulletin 137—Louisiana Early Learning Center Licensing Regulations
Chapter 1. General Provisions
§103. Definitions

* * *

Early Learning Center—any child day care center, early head start center, head start center, nonpublic school prekindergarten program, or stand-alone prekindergarten program that is not attached to a school. The definition does not include Montessori schools, camps, and registered family day care homes.

* * *

State Central Registry—repository within the Louisiana Department of Children and Family Services (DCFS) that identifies any individual reported to have a substantiated finding of abuse or neglect of a child or children by DCFS.

* * *

Student Mentor—a student in fifth grade or above who is enrolled at the school that is associated with the center and is present in the center in a mentoring role. A student mentor shall not be left alone with children outside of supervision of licensed center staff and shall not be counted in the child to staff ratio.

Student Trainee—a student who is at least age 16 and present in the center as an educational course requirement. A student trainee shall not be left alone with children and shall not be counted in the child to staff ratio.

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 and 17:407.31 et seq.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 41:616 (April 2015), effective July 1, 2015, amended LR 41:2103 (October 2015), LR 43:638 (April 2017), LR 44:247 (February 2018), effective March 1, 2018, LR 44:1858 (October 2018), LR 47:1274 (September 2021), LR 49:1710 (October 2023), LR 50:967 (July 2024), LR 51: