

LDOE Regulations Bulletins 1508 and 1530

Part CI. Bulletin 1508—Pupil Appraisal Handbook

§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, Qualified School Social Workers; Speech/Language Pathologists, Adapted Physical Education Teachers; Audiologists; Certified School Nurses, Occupational Therapists, Physical Therapists, Speech and Hearing Therapists, and Speech/Hearing/Language Specialists.

§305. Screening Activities

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 problems are currently being exhibited by the student.

iii. There is no history of acute or chronic ear infections or persistent head colds 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 mm H₂O 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.

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:
 - a. auditory processing skills (e.g., reception, discrimination);
 - b. articulation;
 - c. receptive and expressive language;
 - d. voice;
 - e. fluency;
 - f. oral motor functioning; and
 - g. oral structure.

3. If the student's communication skills are "at risk," evidence-based interventions shall be conducted by a speech-language pathologist or other appropriate personnel 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.

§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 or Fluctuating 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 physician with specialized training or experience in the diagnosis and treatment of a hearing loss and/or a licensed audiologist.

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. i.

v. difficulty seeing people/objects in visual periphery;

**"At-risk" indicators are the following: unable to walk by 13 months;
difficulty seeing in low lighting situation; glare sensitivity;**

immediate family member(s) diagnosed with Usher Syndrome;

ii. iii. iv.

vi. vii. 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).

§721. Speech or Language Impairment

A. Definition. Speech or Language Impairment means a communication disorder such as stuttering, impaired articulation, language impairment, or a voice impairment that adversely affects a student's educational performance. (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 disorder of one or more phonemes characterized by consistent addition, omission or incorrect production of speech sounds, and:

a. for a student in grade K 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 in grade K 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 inappropriate consistent deviation in pitch, intensity, quality, or other basic phonatory or resonatory attribute, and:

a. for a student in grade K 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 receptive or expressive disorder of 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 grade K or above, data from intervention(s) conducted by a speech-language pathologist or other appropriate personnel 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 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. an assessment of language processing, when appropriate;

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

g. the review and analysis of intervention data for students in grade K 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. This assessment may be conducted by a qualified pupil appraisal staff member or the student's classroom teacher, when appropriate. 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 disability, 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 problem;

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.

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. When specific criteria to determine eligibility for other related serves are 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 35:919 (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.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:923 (May 2009), effective July 1, 2009.

Part XCVII. Bulletin 1530—Louisiana's IEP Handbook for Students with Exceptionalities

§111. The Three Types of IEPs for Students with Exceptionalities

- A. The Initial IEP is developed for a student with an exceptionality who has met criteria for one or more exceptionalities outlined in Bulletin 1508, Pupil Appraisal Handbook and who has never received special educational services, except through an interim IEP, from an approved Louisiana school/program.
- B. The Review IEP is reviewed and revised at least annually or more frequently to consider the appropriateness of the program, placement, progress in the general education curriculum and any related services needed by the student.
- C. The Interim IEP shall be developed for students who have severe or low incidence impairments documented by a qualified professional concurrent with the conduct of an initial evaluation according to Bulletin 1508, Pupil Appraisal Handbook.

§309. Related Services Considerations

- A. Related Services for Students with Disabilities means transportation and such developmental, corrective, and other supportive services as are required to assist a student with a disability to benefit from special education. A LEA, as part of its requirement to provide FAPE, shall provide any related service for which there is a documented need. However, for certain related services, specific eligibility criteria shall be met according to Bulletin 1508, Pupil Appraisal Handbook. The decision regarding related services shall be made in view of each student's unique needs. Sources of documentation can be the individual evaluation report and any subsequent evaluation reports submitted by therapists, physicians, psychologists, parents, etc. Examples of support and related services may include speech/language pathology services, assistive technology, physical or occupational therapy, audiological services, orientation and mobility services, interpreting services and counseling, including rehabilitation counseling, psychological services, recreation, including therapeutic recreation, early identification and assessment of disabilities in children and transportation services. Medical services for diagnostic or evaluation purposes may also include school health services and school nurse services, social work services in schools, and parent counseling and training.

2. The IEP Team shall consider each related service that is recommended on the evaluation reports and document and the decisions on the IEP form. For example, the team shall:
 - a. list all services recommended by the team and the service provision schedules, dates, and location, etc.;
 - b. explain the team's decisions not to include a recommended related service;
 - c. explain delays in providing any related service listed on the IEP.
 - i. This delay, or hardship, in no way relieves a LEA from providing the service and from documenting every effort to provide it in a timely manner.
 - d. The participation of related service personnel is extremely important during the IEP Team meeting. Involvement should be through either direct participation or written recommendations.
3. Additional Notes about Related Services
 - a. Adapted physical education (APE) is not a related service; APE is a direct instructional program. A student who requires only adapted physical education may be eligible for related services, since adapted physical education is a direct instructional program.
 - b. A student who is identified with only a speech or language impairment may be eligible for other related services, since in this case speech therapy is the direct special educational program.
 - c. Considerations for related services provided during ESY are the same as for the IEP.